

Focussing on Accountability



"Accountability is the obligation to answer for a responsibility that has been conferred."

ADDICTIONS FOUNDATION OF MANITOBA (AFM)

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MINISTER OF HEALTHY LIVING

Room 310
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

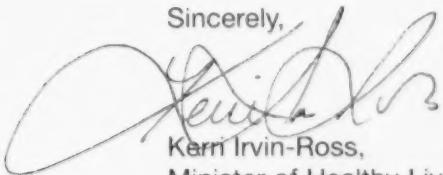
His Honour Phillip Lee
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the privilege of presenting, for the fiscal year ended March 31, 2009, herewith the Annual Report of the Addictions Foundation of Manitoba, incorporated under the Addictions Foundation of Manitoba Act in 1956.

This annual report was prepared under the Board's direction, in accordance with The Addictions Foundation Act.

Sincerely,



Kerri Irvin-Ross,
Minister of Healthy Living

*Building
hope*

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*Créer un climat
d'espoir*



The Honourable Kerri Irvin-Ross
Minister of Healthy Living
Legislative Building
450 Broadway Avenue
Winnipeg, Manitoba R3C 0V8

Dear Minister Irvin-Ross:

We have the honour to present the Annual Report for the Addictions Foundation of Manitoba, for the fiscal year ended March 31, 2009.

This annual report was prepared under the Board's direction, in accordance with *The Addictions Foundation Act* and directions provided by the Ministers of Health and Healthy Living. All material, economic and fiscal implications known as of March 31, 2009 have been considered in preparing the annual report.

Respectfully Submitted on Behalf of the
Addictions Foundation of Manitoba,

A handwritten signature in black ink that reads 'Shaver'.

Jack Shaver, Chair
AFM Board of Governors

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www.afm.mb.ca

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List of Acronyms Used in this Report

AA	Alcoholics Anonymous
AFM	Addictions Foundation of Manitoba
AOD	Alcohol and Other Drugs
ASR	Annual Statistical Review
BOG	Board of Governors
CA	Cocaine Anonymous
CCSA	Canadian Centre on Substance Abuse
CECA	Canadian Executive Council on Addictions
CCENDU	Canadian Community Epidemiology Network on Drug Use
CODI	Co-occurring Disorders Initiative
CPP	Community Prevention Programs
CQI	Continuous Quality Improvement
DVL	Driver/Vehicle Licensing
FA	Families Anonymous
FASD	Fetal Alcohol Spectrum Disorder
GA	Gamblers Anonymous
JTC	James Toal Centre (Home of AFM's Residential and Community Based Programs)
KYSO	Keeping Your Shirt On
KYSS	Keeping Your Spirit Strong
MAAW	Manitoba Addictions Awareness Week
MGCC	Manitoba Gaming Control Commission
MHHL	Manitoba Health & Healthy Living
m.i.n.e.	Methadone Intervention and Needle Exchange
MLC	Manitoba Lotteries Corporation
MLCC	Manitoba Liquor Control Commission
MPI	Manitoba Public Insurance
NA	Narcotics Anonymous
PIP	Parents Intervention Program
PSSS	Partners Seeking Solutions with Seniors
PTO	Provincial/ Territorial Organization
RGIC	Responsible Gaming Information Centre
RTR	Reducing the Risk Program
WISER	Women Invested in Sobriety and Empowered in Recovery
YASU	Youth Addictions Stabilization Unit
YACI	Youth Addictions Centralized Intake

Message from the AFM Chairman of the Board of Governors and Chief Executive Officer



**Jack Shaver, Chairman
AFM Board of Governors**

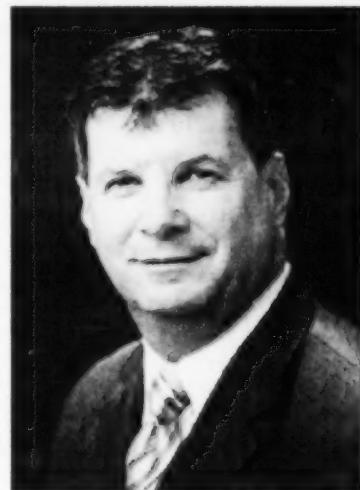
We are pleased to present the 2008/2009 Annual Report for the Addictions Foundation of Manitoba [AFM]. The report provides highlights of the Foundation's achievements, activities and program performance from April 1, 2008 to March 31, 2009.

The Board continues to provide strategic leadership to the organization. This year we had two new Board members replace members who had left the Board earlier in the fiscal year. These new members have brought additional experience in the areas of finance and mental health, which will add greatly to the discussion around the table. The Board continues to function with a full compliment of members representing a wide spectrum of cultures, interests and provincial geography.

This year the Board and staff of the AFM have increased their focus on accountability and transparency. We define accountability as the obligation to answer for the responsibility that has been conferred to us by the provincial government. Addressing accountability takes mainly two forms, in planning and in reporting results tied to expected outcomes.

At the beginning of the fiscal year our research function was transferred to Manitoba Health and Healthy Living. This provided us with the opportunity to reorganize our resources to focus on evaluating our programs. Part of the restructuring set a priority for the staff to identify key indicators in their programs for reporting to the Board and Manitoba Health on the efficacy of our client services.

We recognize the reporting to our community needs to take many forms so again we participated in the accreditation process. Part of the process included a visit by the surveyors from Accreditation Canada in the fall, and we were awarded Accreditation status with conditions. This experience was embraced by the Board members and all the staff. The new process is more dynamic in nature and focuses on continuous improvement. It will require us to examine our policies, procedures and services on an on going basis to ensure we are meeting the needs of our clients. Many improvement initiatives are underway to ensure we continue to meet accreditation standards.



John Borody, CEO

In November, the AFM Board held, for the first time, a retreat focusing on the organization's strategic planning process. The Board examined the AFM's Vision, Mission and Value statements, and developed two Strategic Directions, which will help to direct where we need to engage our resources to better meet the needs of our clients.

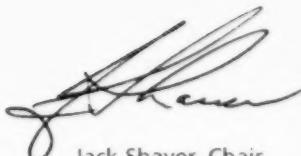
The staff and Board have also been very active in the realization of two facilities from which to deliver our residential programs. This year saw the completion of the construction of the brand new facility in Thompson. Although the official opening of the building will not be held until the next fiscal year, early indications by staff are the residential environment we have created will address the cultural needs of clients and provide a relaxed setting which will be conducive to the client's recovery.

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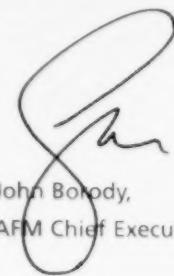
We are also very pleased to be part of the Magnus Centre development in the City of Winnipeg. As one of the community partners, we will be moving our current operations from James Toal Centre to Magnus as part of a continuum of services that will be available to our male clients. The bigger plan will see our residential services for women move from River House into the James Toal Centre. Some other innovations as part of this project include: better access to mental health services, a centralized intake, detoxification services, secondary treatment and integrated support services amongst the partnering agencies.

We encourage you to review the section of this report entitled "Programs Performance", which underscores the key results related to the AFM's core outcomes for AFM clients.

It has been an incredibly busy and challenging year for the staff and Board members of the AFM and we acknowledge your individual dedication and commitment to our clients. As a result of each and every person's efforts, we continue to bring hope to many Manitobans and help them live their lives free from the harms associated with the misuse of alcohol, other drugs and gambling.



Jack Shaver, Chair
AFM Board of Governors



John Boddy,
AFM Chief Executive Officer

CORPORATE OVERVIEW OF AFM Governance: Board of Governors



Front Row (L to R): Marilyn Cottyn, Gord Sytnick, Jack Shaver (Chair), Leon Morehouse, Connie Krahnenbil
Back Row (L to R): Mary Head, Lanette Bowman, Marc Boucher, Stephen Edwards, Ian Rabb, Heather Mitchell, George Daniels
Missing: Randy Porter, Martha Jonasson, Ron Hay

The Board of Governors is the governing body that oversees the activities of The Addictions Foundation of Manitoba (AFM). The Board Chair reports to the minister responsible for *The Addictions Foundation Act*, who in turn, reports to the Legislative Assembly. The day to day operations of the AFM are the responsibility of the Chief Executive Officer who reports to the Board.

The AFM Board is comprised of 15 Manitoba community members appointed by the Minister of Healthy Living, through an Order in Council of Government. One person is appointed as chair and another as vice-chair.

The Board operates under the guidelines set out in *The Addictions Foundation Act* and By-Laws.

The purpose of the Board is to establish organizational direction and vision, provide leadership, and ensure organizational objectives are attained.

The Board of Governors meets no less than 6 times per year and is responsible for the following governance processes:

1. Provides a link between the organization and the public and is accountable for activities of the AFM to the residents of Manitoba.
2. Clearly defines the Vision, Mission, and Values of the AFM.

3. Develops written governing policies that address:

- 3.1 **Executive Limitations:** Constraints on executive authority that establish the boundaries within which all executive activity and decisions must take place.
- 3.2 **Governance Process:** Specifications of how the Board conceives, carries out and monitors its own task.
- 3.3 **Board-CEO Relationship:** Hiring of a CEO, delegating authority, monitoring and evaluating.
4. Monitors and assesses the performance of the organization.
5. Develops required position statements related to public policy issues. These statements will reflect the interests of Manitobans on matters related to addictions.
6. Proactively ensures appropriate resources are provided to effectively carry out the work of the Foundation throughout Manitoba.

AFM Board of Governors Self Assessment

The Board of Governors uses the Board Self Assessment Survey to evaluate their performance and processes. This survey is conducted once a year. The self-assessment report which is generated from the survey contains the following information:

- **General** - evaluates how the Board defines their role and their model of governance. The AFM Board of Governors has approved its governance style in a policy statement, which enables strategic leadership by its members and assists in deciding the broad values of the organization.
- **Governance Evaluation** - evaluates the Board processes, orientation, education and committees.
- **Board/Organization Relationship** - evaluates the relationship of the Board with the CEO.
- **Board Evaluation** - evaluates the Board's performance and processes.

Board Membership

Two members of the Board of Governors resigned from the AFM Board in 2008 and two new members were appointed.

Leaving the Board of Governors during 2008/2009 were:

- Dorothy McLoughlin, who had been a member since 2001;
- Tiina Cordell, who had been appointed to the Board in January, 2008.

AFM thanks Ms McLoughlin and Ms Cordell for their work and dedication to AFM.

In February, 2009 two new members were appointed to the Board of Governors: Connie Krahnenbil from Thompson and Marc Boucher from Winnipeg.

The following Governors served on the Board in 2008/09.

Name	Home Location
*Jack Shaver	St. Adolphe
*Heather Mitchell	Dugald
*Stephen Edwards	Winnipeg
*Lanette Bowman	Winnipeg
*Randy Porter	Portage la Prairie
Marc Boucher (from February, 2009)	Winnipeg
Tina Cordell (to August, 2008)	Thompson
Marylin Cottyn	Swan River
George Daniels	Winnipeg
Ron Hay	Brandon
Mary Head	Opaskwayak Cree Nation
Martha Jonasson	Wabowden
Connie Krahnenbil (from February, 2009)	Thompson
Dorothy McLoughlin (to November, 2008)	Winnipeg
Leon Morehouse	Brandon
Ian Rabb	Winnipeg
Gord Sytnick	Valley River

* Denotes members of Board Executive Policy Committee

Strategic Planning Retreat

In November, 2008 AFM Board of Governors held a planning session for 2010 - 2013 "Establishing the Foundations for Board and Organizational Success". The AFM Mission Statement, Organizational Values and Organizational Vision were reviewed. The revisions are being circulated to staff for their input before coming back to the Board for approval in 2009-2010.

Committees of the Board of Governors include:

a) **Executive Policy Committee (EPC)** is the senior sub-committee of the Board of Governors and is responsible for various executive and consultative functions as directed by or delegated from the Board of Governors of the AFM. This committee is a forum of first consideration for proposed Board policies, major budgetary considerations and program development issues. Members for 2007/08 include:

- Board Chair -Jack Shaver
- Vice-Chair - Heather Mitchell
- Treasurer -Stephen Edwards
- Board Member - Lanette Bowman
- Board Member - Randy Porter

b) **Audit Committee** reviews and advises the Board of Governors about the annual report and audited financial statements. The Committee also meets with the external auditors, approves external audit plans and makes recommendations to the Board of Governors about the hiring of an external auditor, assesses the processes related to internal control. Members in 2008/09 included:

- Audit Committee Chair -Ron Hay
- AFM Board Chair (Ex-officio) - Jack Shaver
- AFM Board Treasurer - Stephen Edwards
- Heather Mitchell
- Lanette Bowman
- AFM Chief Financial Officer (Ex-officio) - Valerie Hagen

c) **Governance Committee** - the Governance Committee is a new committee (February, 2009) to the Board of Governors and the Terms of Reference are currently under development. The purpose of the Governance Committee will be to ensure the AFM meets best practice and accreditation standards in relation to Sustainable Governance. Membership of this committee includes:

- Governance Committee Chair - Lanette Bowman
- Stephen Edwards
- George Daniels

The Board of Governors has a formal Board Policy Development and Review Process which provides a framework for the development of new, and the review of existing, board policies. The Board works to develop policies as required, to meet the requirements of their legislated mandate.

In 2008/09 the Board of Governors approved the following policy statements:

(a) **PS 561 - Services for Older Manitobans** (new)
This policy recognizes this group requires specific services and ensures this group will be considered as part of our business planning process. This policy states:

The Addictions Foundation of Manitoba (AFM) recognizes that demographic trends are rapidly changing in Manitoba. The numbers of older adults is increasing and this trend will continue until approximately the year 2031, when the rate will begin to slow. AFM will endeavour to be proactive in developing addiction awareness, prevention, rehabilitation and healthy living programming for this target group of the population in support of their issues and needs. By raising awareness regarding substance use and gambling, problems can be prevented or minimized. By addressing issues promptly when they do arise, the lives and health of thousands of older Manitobans can be enhanced.

(b) **PS 167 Employee Recognition Policy** (existing). Considerable revisions were incorporated into this policy in order to provide additional points of reference as well as supplementary information. Guidelines for acknowledgement of employee appreciation, long service benchmarks, retirements, and funding were added.

In October, 2008, the following Board of Governors policies were reviewed:

BG-001 Conflict of Interest. The policy was amended to clarify definitions for "actual" and "perceived" could be found in Appendix "A".

BG-002 Board Governance Style - no changes

BG-003 Board Job Description - no changes

BG-004 AFM Board of Governors Self-Assessment - no changes

BG-005 Code of Conduct - no changes

BG-006 Compliance with AFM Policy - no changes

AFM REGIONAL ADVISORY COMMITTEES

The Northern and Western Region Advisory Committees consist of a group of interested and informed citizens representing their region acting in an advisory capacity to the Regional Director and the Board of Governors of the Addictions Foundation of Manitoba.

The responsibilities of the Regional Advisory Committees include:

- Creating an awareness of the extent of the addiction problems related to alcohol, drugs and gambling in the Region.
- Creating an awareness of the availability of prevention, treatment and rehabilitation services in the Region.
- Participating in orientation and ongoing training programs to fully understand the aims and objectives of the AFM.
- Meeting with the Regional Director for discussion regarding regional program directions and new initiatives.
- Meeting annually, where possible, with a representative(s) of the AFM Board of Governors in order to share mutual concerns, interests and directions of the AFM.

Membership on the Advisory Committee is by appointment of the Board of Governors on the recommendation of the Advisory Committee.

On March 31, 2009 members serving on these advisory committees were:

Western Region Advisory Committee
April 1, 2008 to March 31, 2009

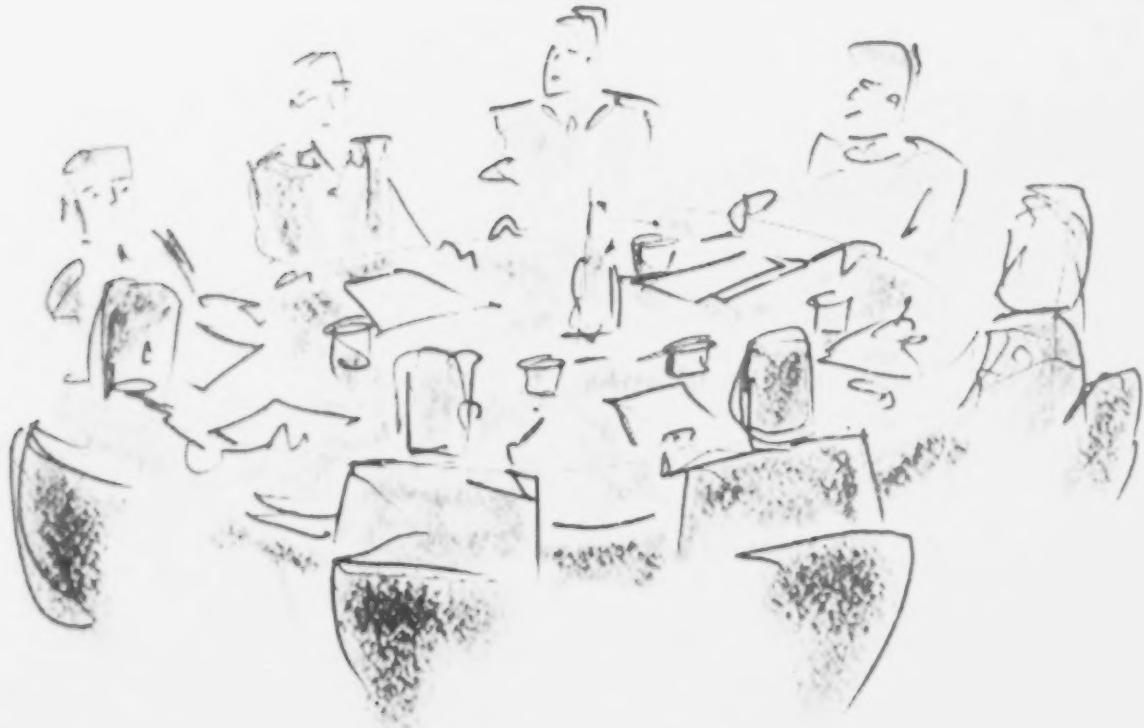
Name	Place of Residence
Carlson Onischuk, Chair	Brandon
Ron Hay (Board of Governors)	Brandon
Jane Brunet	Brandon
Taja Lonstrup	Brandon
Gail Cullen	Brandon
Rachelle Wilk	Brandon
Leon Morehouse (Board of Governors)	Brandon

Note: There were four vacant positions.

Northern Region Advisory Committee
April 1, 2008 to March 31, 2009

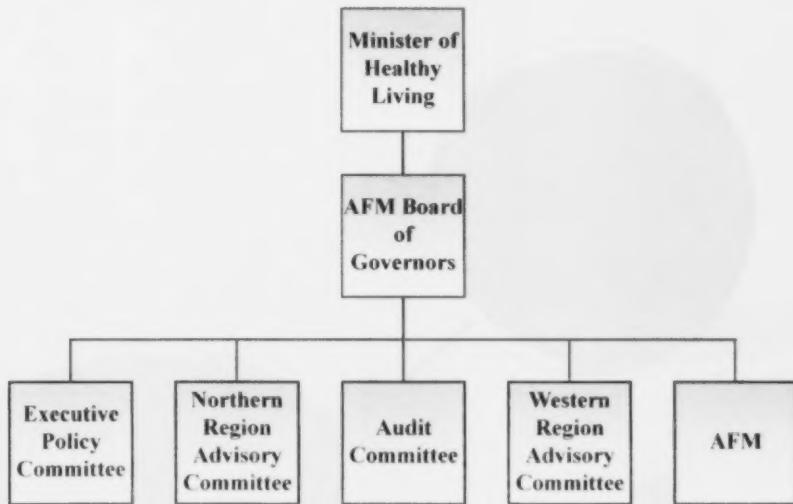
Name	Place of Residence
Nickie Jensen Chair	Thompson
Marie Highway, Co-Chair	Thompson
Norma Leahy, Past Chair	Thompson
Martha Jonasson (Board of Governors)	Wabowden
Connie Krahobil (Board of Governors)	Thompson
Mary Head (Board of Governors)	The Pas
Becky Pritchard *(2008)	Thompson
Sgt. Rob Collen *(2008)	Thompson
Jack Robinson	Thompson
Diane Rogers	Thompson
Ebony Donaghy *(2008)	Flin Flon
Mike Wyman	The Pas

*Bracketed dates indicate term ended or resignation date



AFM BOARD OF GOVERNORS

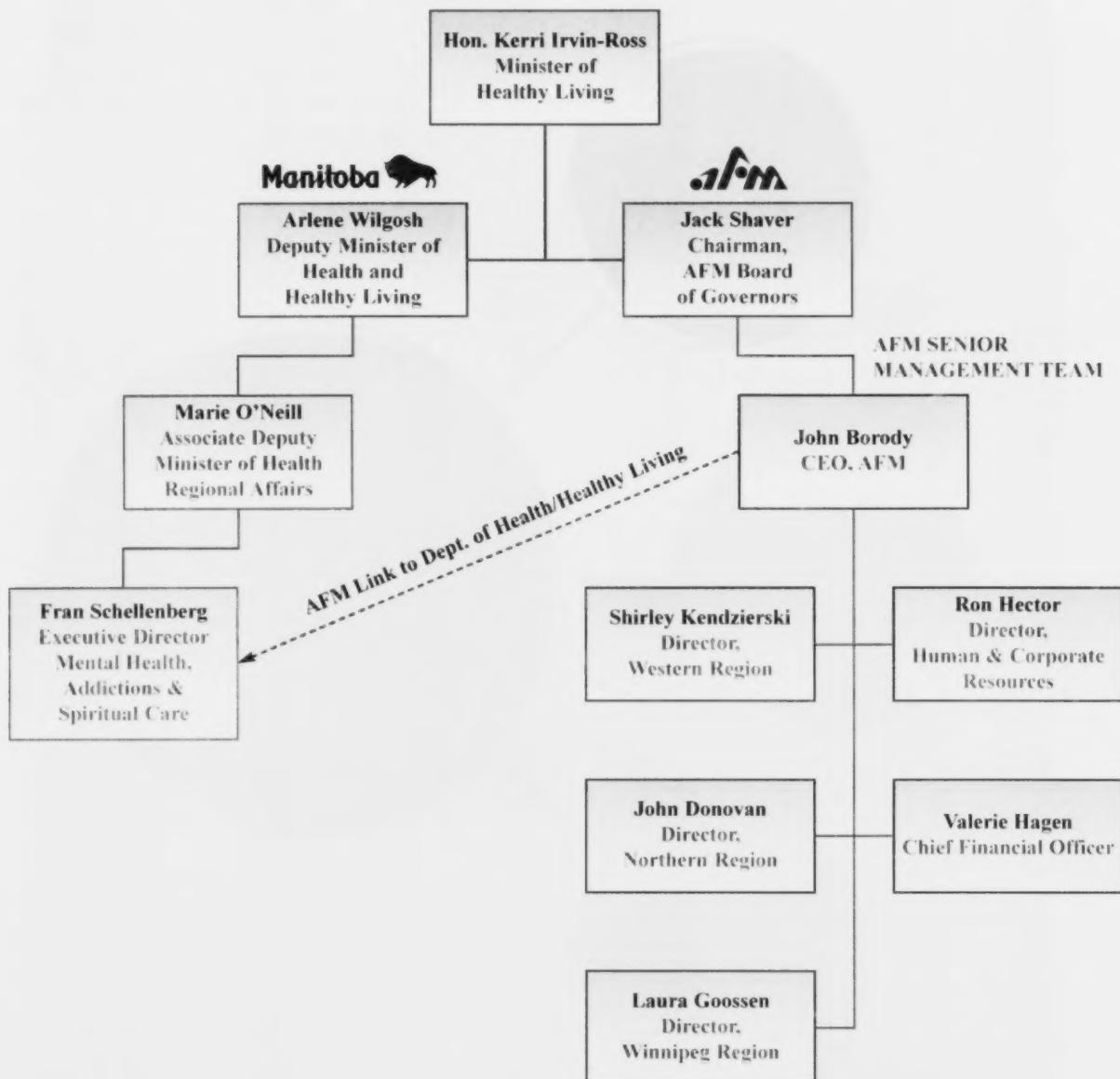
Reporting Structure & Linkages



Other Linkages:

Self-Help Community
AFM Stakeholders

AFM Organizational/Reporting Structure* (at March 31, 2009)



* April 1, 2008, Addictions Research responsibilities were transferred to the Department of Healthy Living.

VISION

Manitoban's living free from the harm of alcohol, other drugs and gambling.

VALUES

The AFM has adopted a set of fundamental values to guide the delivery of its services.

We believe our greatest strength and asset is our staff, and acknowledge their contributions and passion in supporting the following organizational values:

- The dignity and diversity of each individual;
- The capacity of clients and communities for change;
- Collaborative relationships with stakeholders, partners and the self-help community;
- Continuous improvement and best practices;
- A continuum of services and programs; and
- A safe and respectful work environment.

MISSION

To enhance the health of Manitobans by reducing the harm of alcohol, other drugs and gambling through leadership in education, prevention, rehabilitation and research.

Strategic Priorities

As demonstrated by involvement in provincial and national initiatives, the AFM is seen as a "leader" in the addictions field. The AFM continued to build upon its leadership role as it moved towards the following strategic directions and corporate goals. These goals guide the agency's management, planning and operational activities.

Strengthening our core business

- To increase and enhance the capacity for adult AOD (alcohol and other drug) rehabilitation services to respond to current and future service demands;
- To provide all rehabilitation staff with ready access to clinical supervision;
- To have comprehensive services that are age, cultural, and gender sensitive;
- To increase the capacity to provide services for Manitobans with co-occurring mental health and substance use and/or gambling issues; and
- To have core messaging in our prevention strategies;

Fostering a healthy, safe, vibrant, work environment

- To be an employer that promotes staff growth, staff development, and recognition;
- To have a safe and respectful workplace; and
- To be a diverse, sensitive and accommodating workplace.

Progressing as leaders in the addictions field

- To have a corporate communication strategy (for external stakeholders);
- To participate and engage in national activities and partnerships that further the aims of the AFM;
- To identify and implement strategies which enhance AFM's relationships with self-help; and
- To initiate dialogue with Aboriginal Provincial Territorial Organizations (PTO) peoples on services and mutual opportunities.

Demonstrating accountability and achieving sustainability

- To have an outcome measurement and monitoring strategy;
- To have an internal audit process to measure effectiveness, efficiency, and economy of all programs;
- To align service standards, clinical staff development and clinical practice; and
- To have program development and improvement guided by outcomes and best practice.

Corporate Highlights: Achievement Report on AFM Strategic Priorities

How Do We Enhance Accountability?

Leading practices have shown that the best way to strengthen accountability is through an integrated, organization-wide approach. In recent years the AFM has increased its focus on activities that support and strengthen accountability. These include:

- Accreditation
- Risk Management
- Outcome Monitoring
- Program Evaluation
- Quality Improvement Initiatives including client wait list management, improving communication
- Financial Audit

The combined affect of these activities is greater than the sum of its parts. By supporting informed decision making, these activities promote and strengthen accountability.

Development of a Performance Reporting Framework

A Performance Reporting Framework (Corporate dashboard) was developed. This is an easy to read, user-friendly document that uses 'traffic signal' colours (green, yellow, red) to visually depict performance in identified key areas. It will be used as a vehicle for the Board, management and staff to monitor performance, based on priorities set by our Strategic Plan. This has been reviewed in 2008-09 based on feedback from Accreditation Canada and various units (i.e. HR, Finance, IT). A draft of the revisions will be available by the Fall of 2009.

Full implementation of this framework is pending program indicator collection.

Manitoba Health Broad Topics & AFM Strategic Direction

The AFM is a provincial "health organization" and as such, is a key stakeholder in the delivery of Manitoba Health's Key Actions. Manitoba Health and Healthy Living (MHHL) set Broad Topics for the development of appropriate and specific future performance targets by health organizations.

This section highlights key results related to the AFM's Strategic Priorities.

AFM CORPORATE GOAL	MANITOBA HEALTH BROAD TOPIC	RESULTS
AFM STRATEGIC PRIORITY Strengthening our core business.		
To increase and enhance the capacity for adult AOD rehabilitation services to respond to current and future service demands.	Improved Resource Utilization and System Competence	<p>Senior Management Team and CQI monitor wait times for clients accessing services. A process has been identified to review what is already in place and look at ways to address this issue, to ensure that service demands are being met as much as possible.</p> <ul style="list-style-type: none">• During the first 6 months of 2008/09, wait times for both Men's assessments and admission to Men's residential and day programming in Winnipeg were reduced.• The hiring of a third Women's Intake/Assessment Counsellor allowed for an increased number of clients in the Women's Day Program (Winnipeg) called Women Invested in Sobriety, Empowered in Recovery, (WISER).• A permanent increase from a .6 to a full-time position in the Steinbach office has significantly decreased wait times for rehabilitation in the South Eastman Region.

AFM CORPORATE GOAL	MANITOBA HEALTH BROAD TOPIC	RESULTS
To provide all rehabilitation staff with ready access to clinical supervision	Access	<ul style="list-style-type: none"> As a way of maintaining ongoing contact with clients and providing service to women waiting for WISER or River House programming, the Women's LINKS Program was offered on a weekly basis. Year end census saw 265 clients active in the m.i.n.e. program. Admissions were restricted during the reporting period due to physician workload and vacant nurse positions. Twenty four clients were admitted during this time and a wait list has been maintained. Present number of clients waiting for assessment and admission is 133. Three new physicians were trained on the m.i.n.e. unit while working to receive their Manitoba Methadone License. This brings the complement of doctors to five. One of the Doctors obtained their license and carries a case load. Impaired Driver and Adult Rehab Programs work together to offer a seamless referral process to enhance a client-centered program delivery system.
To have comprehensive services that are age, cultural, and gender sensitive	Priority Populations & Programs	<ul style="list-style-type: none"> A Clinical Supervision Committee was established to oversee development of the clinical supervision program infrastructure and provide guidance input as needed to help facilitate the provision of effective clinical supervision to all rehab staff on an ongoing basis. Clinical supervisors who have Youth Services responsibility ensure alignment of service standards and staff clinical development. New touch screen programs were developed to aid Responsible Gaming Information Centre (RGIC) staff in teaching casino guests how gambling works. The new browser based version of the existing touch screens is a huge improvement over the pre-existing program. Some of the changes will be uploaded to the multi-language gambling information website www.getgamblingfacts.ca . Staff attend Aboriginal Awareness Training. A Cultural Proficiency Committee was formed at Compass Youth Residential Facility. Using information from the Alcohol and Other Drugs: Students in Manitoba 2007 study, staff are able to respond to changes in adolescent substance use patterns and trends. A Seniors Theater project entitled "A Cup of Hope" was launched in June 2008. The play focused on an older man from Vietnam who developed a gambling problem through boredom. The play was performed in the Vietnamese language.

AFM CORPORATE GOAL	MANITOBA HEALTH BROAD TOPIC	RESULTS
To increase the capacity to provide services for Manitobans with co-occurring mental health and substance use and/or gambling issues;	Healthy Living	<ul style="list-style-type: none"> WISER and River House staff combine the two women only client groups for some educational sessions (topics include nutrition, female sexuality, body image). An Acupuncture Pilot Project for female clients from the River House and WISER programs is offered twice a week by program counselors who have been trained in Auricular Acupuncture. Winnipeg Satellite Team received training on the use of the DUSI (Drug Use Screening Inventory) from AFM Youth staff.
To have core messaging in our prevention strategies	Priority Populations & Programs	<ul style="list-style-type: none"> The 2008 Youth Clinical Conference addressed AFM Youth staff training needs around co-occurring disorders as they relate to our youth clients. A strategy to provide ongoing CODI training for staff was implemented to ensure staff are being trained in the Clinical Modules. AFM submitted a CODI performance report to Manitoba Health/Healthy Living in June 2008, using a new reporting (and performance rating) template for the standards set out in the Provincial CODI Policy (Feb. 2007). At the September meeting of the Provincial CODI Leadership Team, a pan-regional summary report was presented that compared progress across all participating programs. The AFM progress was very close to provincial mean scores.
To be an employer that promotes staff growth, staff development, and recognition	Improved Resource Utilization and System Competence	<ul style="list-style-type: none"> A Gambling Services working group was established to develop and implement new strategies for more organized and comprehensive media/promotions for gambling awareness and AFM Problem Gambling Services. In early spring a newspaper and billboard advertising campaign (Spent the Rent ads) was conducted which targeted young males ages 18-24 years, who were identified as being under-serviced. A draft report on the concept of Prevention was completed and presented to the organization. This report introduced a new prevention framework for the AFM. The framework was not implemented in 2008/09, but will be reviewed to ensure core adult rehab messaging is consistent and complementary to prevention strategies.
		<ul style="list-style-type: none"> In September 2008 a Youth Clinical Workshop/Conference was held. This bi-annual conference is open to external addictions agencies and responds to staff training needs identified by the planning committee. Recognition events continue at the local and regional levels. In Winnipeg, service awards were presented to staff at the Annual Festive Feast in December 2008. A recognition evening was held for Northern Region Staff and Advisory Committee members in June 2008.

AFM CORPORATE GOAL	MANITOBA HEALTH BROAD TOPIC	RESULTS
AFM STRATEGIC PRIORITY Fostering a healthy, safe, vibrant, work environment		
To have a safe and respectful workplace;	Healthy Living	<ul style="list-style-type: none"> • New staff orientation sessions were offered twice in 2008/09. • A number of AFM Youth Services staff attended the Western Canadian Youth & Family Addictions Conference, held January 28-30, 2009 in Vancouver.
To be a diverse, sensitive and accommodating workplace	Healthy Living	<ul style="list-style-type: none"> • No formal complaints were brought forward to Management. • Respectful Workplace information sessions continue through new staff orientation and as a sign off as part of an annual performance appraisal. • <i>Building a Healthy Workplace</i> focus groups were conducted in all Regions. • HR provides advice and assistance to management and staff in order to resolve situations to the benefit of all concerned. The Joint Consultation Committee meets regularly to work on issues in a cooperative and proactive manner.
AFM STRATEGIC PRIORITY Progressing as leaders in the addictions field;		
To have a corporate communication strategy (for external stakeholders).	Priority Populations & Programs	<p>Specific activities undertaken as part of the overall goal to develop a corporate communication strategy for external stakeholders, included:</p> <ul style="list-style-type: none"> • A gambling only information website (www.getgamblingfacts.ca) which targets specific populations not being reached by conventional methods went live in June 2008. The website features gambling awareness, information and teaching games in 6 languages. • Information on the AFM corporate website (www.afm.mb.ca) is kept current, (eg. adding links to new resources and information, and updating existing resources). • Responding to the various news media inquiries for background information and interviews.

AFM CORPORATE GOAL	MANITOBA HEALTH BROAD TOPIC	RESULTS
To participate and engage in national activities and partnerships that further the aims of the AFM	Improved Resource Utilization and System Competence	<ul style="list-style-type: none"> 2 issues of the AFM publication, <i>An Inside View on Internet Gambling and Methadone Maintenance</i> were published and distributed. Writing addictions focused articles for publication in the magazine, <i>Health: Mind Body and Soul</i>. Increasing awareness of AFM programs/services through advertisements in various publications (newspaper, magazines, yearbooks and rosters) that target specific client populations. A billboard campaign (<i>Spent the Rent</i>) was launched in February 2009. It targeted young adults, to advertise the new gambling information website. There were 11 billboards posted in Winnipeg, and one each in Brandon, Dauphin and The Pas. A number of newspaper ads for the "Spent the Rent" campaign were developed and ran in conjunction with the billboard campaign for Winnipeg, Brandon and Thompson. Upgrades to signage for existing AFM displays were completed for the entire province. New graphics will bring a consistency to AFM's visual identity at workshops, tradeshows conferences, and open house displays. Banner sticks, were also added to AFM display materials, which portray the same graphics and message as the new signage, "AFM - Building Hope". <p>AFM maintains a number of local, provincial and national partnerships through its activities in the areas of prevention/education and rehabilitation services for Manitobans; for example:</p> <ul style="list-style-type: none"> AFM participates in the Youth Addictions Network (focusing on changes in the service system in response to Youth Stabilization Legislation). Staff collaborate with the Youth Addictions Stabilization Unit (YASU), and Youth Addictions Centralized Intake (YACI). AFM partnered with other Western Canadian provinces in organizing the Western Canadian Youth & Family Addictions Conference, held January 28-30, 2009 in Vancouver. Several AFM staff were asked to make presentations on AFM services. Presentations and concurrent sessions covered topics throughout the continuum of services (i.e. prevention, outreach, intervention and treatment). Several organizations provided displays in the common area. JTC and River house medical and program staff participate in regular meetings with the Health Science Centre - Addictions Unit and with the Main Street Project Detox and Mainstay units. The focus of these meetings is to ensure a smooth transition of clients between agencies.



AFM CORPORATE GOAL	MANITOBA HEALTH BROAD TOPIC	RESULTS
To identify and implement strategies which enhance AFM's relationships with self-help	Priority Populations and Programs	<ul style="list-style-type: none">• Staff in the AFM's IDP consult with Manitoba Public Insurance (MPI), Driver Vehicle Licensing (DVL) and Manitoba Justice Department in reviewing policies and procedures in view of current legislation.• The AFM is a member of the Canadian Executive Council on Addictions (CECA), a national group with representatives from the Canadian Centre on Substance Abuse (CCSA) and four other provincial addictions agencies.• Program Evaluation staff network with other evaluators in Winnipeg to share evaluation challenges, successes, etc.• Program Evaluation staff is a member of both the Canadian and American Evaluation Societies.• Program Evaluation staff are exploring partnerships with RHA's in regards to providing data for the Community Health Assessment process and to advocate and support school survey results.• AFM coordinated the compilation of the CCENDU 2008 Winnipeg Site report, which contains epidemiological information on substance use and abuse in Winnipeg on eight major drug use areas, and in six indicator areas.
To initiate dialogue with Aboriginal (PTO's) peoples on services and mutual opportunities	Priority Populations and Programs	<ul style="list-style-type: none">• As part of the alcohol and other drugs and gambling programs, Gamblers' Anonymous, Narcotics Anonymous and Alcoholics Anonymous all offer open meeting sessions at specific AFM Programs.• AFM Partnered with self-help groups (i.e., Cocaine Anonymous, Alcoholics Anonymous, Family Anonymous) to provide speakers in Winnipeg Community-Based and COMPASS (AFM's Youth Residential Facility) programs. Staff direct clients to access a variety of self-help resources in the community.• In Thompson, a Street Youth outreach service was established at Ma Mow We Tak Friendship Centre to engage at risk youth in weekly sessions at the "Circle of Youth" by establishing a rapport and acting in a supportive role to teens struggling with substance abuse.• Partnerships with Aboriginal youth serving agencies related to youth outreach services are in place throughout the province.• As a new initiative at JTC, an Elder in Residence, who is dedicated for 1 day each week has been added to support the Men's Program.

AFM CORPORATE GOAL	MANITOBA HEALTH BROAD TOPIC	RESULTS
AFM STRATEGIC PRIORITY Demonstrating accountability and achieving sustainability		
To have an outcome measurement and monitoring strategy	Improved Resource Utilization and System Competency	<ul style="list-style-type: none"> Specific strategies re: proactive messaging on impaired driving issues were implemented in the IDP. An Intake and Assessment Working Group was struck to review and enhance data collection forms and MIS processes. A draft revised Core Information Form has been developed. The group is reviewing other program data collection forms. The Program Indicator Pilot project started in November 2008 with the 6 AFM adult residential centers in Manitoba. Results of the pilot are expected to be shared with staff in 2009/10. All staff provincially have been introduced to the concept of developing and monitoring program indicators. An advanced training is to occur in the fall with all program areas collecting data that is program driven and will be used to improve services offered to clients and customers of the AFM. Evaluation plans were developed for the Problem Gambling Helpline and Community Financial Services projects, Casino Re-entry Education Program, WISER Acupuncture Pilot Project, James Toal Centre Intensive Programs. Monitoring of the visitors to the Responsible Gaming Information Centres for the last two years will result in summary reports in 2009/10. Data gathering for an evaluation of the 24-hour Problem Gambling Helpline pilot program, which involves transferring Helpline calls to Klinic Community Health Services after-hours, began in February 2009. A report is expected in early 2010.
To align service standards, clinical staff development and clinical practice	Improved Resource Utilization and System Competency	<ul style="list-style-type: none"> The IDP Administration Manual, High Risk and Educational Workshop materials have been updated to reflect best practice and distributed to staff. Staff have been trained to use the revised materials. The SALCE (a screening tool used in IDP) has been reviewed for effectiveness and accuracy. Written protocols for handling specific Impaired Driver Program (IDP) client situations have been incorporated in accordance with Accreditation standards. Adult Rehab Service Standards are continually reviewed and revised, as necessary, to reflect a welcoming approach for co-occurring clients. A committee has been formed to look at youth rehab planning procedures (protocols, standards and positions), to ensure provincial consistency.

AFM CORPORATE GOAL	MANITOBA HEALTH BROAD TOPIC	RESULTS
To have program development and improvement guided by outcomes and best practice	Priority Populations and Programs	<ul style="list-style-type: none">The IDP High Risk Program has been renamed "Reducing the Risk Program" (RTR) to better reflect services provided in this area.A review and revision of the Coming to Terms and the Women Invested in Sobriety, Empowered in Recovery (WISER) Programs were conducted to ensure content is consistent with current best practices, corporate values and initiatives, and program design elements.Program Evaluation staff explored key trend data from the various program areas with the goal of posting analysis of the information gathered to AFM's internal bulletin board and website for staff and public.A number of AFM Youth Services staff attended the Western Canadian Youth & Family Addictions Conference, held January 28-30, 2009 in Vancouver. The conference was intended as a forum for youth and family service providers, researchers, policy and decision makers to come together to explore best and promising practices in addictions, with a focus on youth and family work.Completed reports in 2008/09 included: Manitoba Gambling and Problems Gambling (2006); Still without shelter: A description of issues faced by street youth in Winnipeg (2007); Student Gambling Report Summary: Manitoba 2007; Alcohol and other drugs: Students in Manitoba (2007); and Parkwood Evaluation Report (2008).
To have an internal audit process to measure effectiveness, efficiency and economy of all programs.	Improved Resource Utilization and System Competency	<ul style="list-style-type: none">Job descriptions for IDP counselling staff have been developed, which will serve to improve effectiveness and efficiency of staff working in that program.

Accreditation

Accreditation Canada conducted AFM's onsite survey in December of 2008. Four surveyors visited a number of program areas within the AFM including James Toal Center, River House, Family Program, Parkwood, Portage la Prairie Satellite Office, Compass, m.i.n.e and a conference call with the Northern Region. AFM has been accredited with conditions to initiate a number of quality improvement initiatives for the organization by July 7, 2009. In response to this, a number of teams

have been struck to develop and/or revise policies and standards to address the following areas: Client Safety, Employee Safety and Health, Disclosure, Infection Prevention and Control, Managing Medications and File Documentation. Teams have been meeting on the above issues as well as ethics, prospective analysis on client aggression, and disaster emergency preparedness and response planning.

Risk Management

In 2008/09 a Corporate Risk Framework was developed. Fifty-seven (57) potential risks to the organization were identified and then categorized as Critical, High, Medium or Low, under the following categories:

1. External Environment (6)
2. Compliance (7)
3. Organization Culture (5)
4. Business Process (12)
5. Human Resources (8)
6. Financial Resources (8)
7. Information Resources (7)
8. Physical Resources (4)

- Risk Management Training was conducted with Senior Management, Board and appropriate staff. This enabled the development of a Risk Management Strategy for the AFM.
- Action plans to mitigate the probability of adverse outcomes and increase the likelihood of desired outcomes are being developed by key personnel in each area, for the Critical, High, and Medium risks. All remaining potential risks in the Low category will have action plans developed by the middle of the next fiscal year.
- A process will be implemented to monitor and update the Corporate Risk Profile.

Challenges

1. Wait List Management (Business Processes - High Risk Area)

Wait times to access AFM programs are a concern for the organization. The demand for services has continued to increase and Senior Management Team continues to look at the issue of wait list management. A process has been identified to review what is already in place and look at ways to continually manage this issue.

2. Technology (Information Resources - Medium Risk Area)

The likelihood of IT systems failure is increased due to aging systems and inadequate funding to support IT operations and security. To mitigate against this risk, an annual strategic plan for the replacement of aging equipment is being developed. In addition, a daily maintenance and monitoring of server resources process has been implemented. The corporate disaster plan will include a section on Information technology.

3. Aging Buildings and Lack of Capacity (Physical Resources - Critical Risk Area)

In Winnipeg some facilities do not have adequate space to meet service demand, which results in; inadequate space for staff to work, longer wait times for residential services, and an inability to provide a "homey" environment for clients. On a case by case basis, space requirements are addressed (capital projects, leasing new buildings). Controlled risks identified as specific areas of concern:

- *Women's Services:* The Magnus Centre project in Winnipeg, will eventually house programs now located at James Toal Centre (JTC), which will, in turn, allow Women's Services to relocate to JTC, expanding capacity thereby reducing wait times.
 - *m.i.n.e.:* Look for opportunities to re-locate this program to larger space; keep MHHL and BOG informed as to the demands and corresponding resource and space requirements.
 - *Youth services* are currently split between 2 locations on Osborne Street. Seek out opportunities to bring the Prevention/Education and clinical teams back under one roof.
 - *Gambling program offices* are spread over multiple locations, which make it difficult for team members to easily consult with one another.

4. Performance Indicators (Business Processes - High Risk Area)

Program level indicators As a result of direction from Accreditation Canada that program indicators be driven from the program level, the A/CQI Coordinator has been meeting with all staff provincially providing an introduction to program indicators during training on '**Quality**'

Improvement at the AFM. Much of the feedback from the training sessions to date is that staff are excited to begin this process. The Program Evaluator (or a designated staff member from the Unit) will work with CQI during the advanced training indicator sessions. Some staff groups have consulted the Program Evaluator for assistance with the development and measurement of specific indicators. An advanced training for designated staff and supervisors on indicators, is being planned for the Fall of 2009.

Corporate level indicators The A/CQI Coordinator has discussed corporate-level indicators in a number of areas including Finance, IT, HR, CQI and Executive Offices. The A/CQI Coordinator is working with the Program Evaluator to quantify the indicators and to develop a plan regarding processes (reporting, etc). The Board of Governors recognizes the need to develop performance indicators in achieving strategic priorities for the organization and reaffirmed this at their Strategic Planning session in November 2008.

In addition to many discussions between the A/CQI Coordinator and Program Evaluation Unit, there has been consultation with other organizations and the review of a book entitled, "*Key Performance Indicators: Developing, Implementing and Using Key Performance Indicators*" by David Parmenter. This review confirms that this process takes time (also highlighted by the Accreditation surveyors - quoting that it can take years for an agency to absorb the philosophy of indicators and to put it into action) and that there needs to be appropriate resources designated for such a change. Senior Management has had discussions to address the logistics to ensure the roll out of this initiative enables AFM to effectively collect and monitor program indicators.

Future Directions

In response to the Accreditation Survey Report, the following activities are planned:

- CQI Coordinator will provide response to Accreditation Canada in relation to unmet standards in the areas of Infection, Prevention and Control; Managing Medications; Substance Abuse and Problem Gambling; Proactive and Supportive Organization and Governance.
- Ongoing commitment to quality improvement and maintaining best practices in relation to all the above initiatives. A number of teams mentioned will be ongoing within the organization including the ethics team, infection prevention and control team, and managing medications team.
- Performance Management - develop, implement and monitor performance indicators at the program and corporate levels (i.e. CQI, HR, IT, Finance, Executive Offices).
- Disaster/ Emergency Response Plan - develop and implement a comprehensive corporate plan. The Disaster Management Development Team is working on this.
 - Comprehensive Ethics Strategy - The Ethics Team is working on development of a comprehensive ethics strategy for the organization.
 - Integrating Systems - integrating risk management, utilization management and performance management to facilitate more informed decision-making.
 - Employee Satisfaction Survey - Conduct an employee survey in the fall of 2009 to guide improvement initiatives to employee wellness.
- Human Resource Plan - a plan is awaiting approval.
- Corporate Communication - develop a corporate communications plan.

AFM PROGRAMS PERFORMANCE

AFM continues to provide a variety of diverse programs and services to Manitobans as evidenced by this section. AFM core programs have been regularly provided over the years, at the same time new programs are introduced or existing ones are tailored to meet our clients changing needs. All of them look at implementing best practices in addictions and to link to the AFM Strategic Directions. For the first time since 1993, James Toal Centre (Winnipeg), River House (Winnipeg), Polaris Place (Thompson), Parkwood (Brandon) and Willard Monson House Residential (Ste. Rose du lac) rehabilitation services were opened during the summer months of July and August, in response to service needs.

New Program for Resistant Clients

Manitoba Health and Healthy Living has provided AFM with new funding to develop and deliver a new community based program for adult men and women, in Winnipeg at the James Toal Centre. This new community based program for adult men and women adds another service component to the continuum of service, allowing AFM to better meet the varied needs of individuals. Clients who have co-occurring issues including combinations of mental health, gambling and substance use concerns will be prioritized for entry into the program. Maximum capacity of the program is estimated to be approximately 100 spots per year.

This program provides an opportunity for adult men and women to assess the degree to which their substance use and/or gambling have become problematic and explore options for resolving any identified problems or those who may not be interested in pursuing a goal of abstinence to access longer-term counseling and peer support focused on managing risk and reducing harm related to their involvement.

The program will undergo ongoing monitoring and evaluation and will examine outcomes such as achievement of goals by clients and the number of clients who pursue a goal of modified behaviour or abstinence. Impact on the waiting time for other AFM treatment programs will also be monitored.

Rehabilitation Services Overview

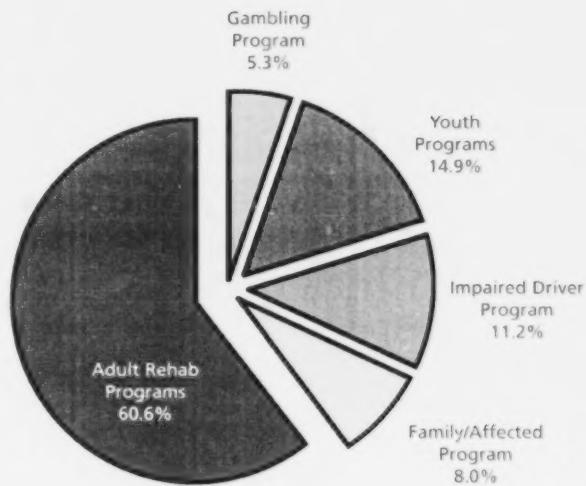
The range of AFM rehabilitation programs that are available throughout the province are:

- Alcohol and Other Drug Programs for Adults and Youth;
- Impaired Driver Program;
- Family Programs; and
- Gambling Programs for Adults and Youth.

In 2008/09, 10,249 adults and youth accessed a total of 16,836 AFM program service units for alcohol, other drugs and gambling. That's an average of 1.6 units of service provided to each client. Below is a graph which shows the percentage of these clients that accessed each of the programs/services offered by the AFM.

2008-2009 Client Participation by Program Admissions

N=16,836
Data Source: AFM Annual Statistical Review



Note: All the statistics reported in this section have been taken from the Annual Statistical Review (ASR), which is a compilation of information extracted from AFM client databases. The ASR includes the statistics for various activities that are conducted by staff across the province and AFM client demographic information. This information is provided to MHHE and is available to the public on request from the AFM Library in Winnipeg.

Alcohol and Other Drug Programs and Services for Adults, Families and Youth

AFM's five core rehabilitation outcomes for clients who participate in the services for alcohol and other drugs programs for adults and youth are:

1. **Reduced involvement or harm associated with alcohol and drugs.**
2. **Improved physical and/or psychological health.**
3. **Improved family and/or social functioning.**
4. **Improved employment and/or vocational/educational functioning.**
5. **Reduced involvement with criminal justice system.**

The actual results in 2008/09 for AFM alcohol and other drug programs for adults and youth included:

1. **Reduced involvement or harm with alcohol, and other drugs.**

There were a total of 15,937 program admissions to Alcohol and Other Drug Programs for Adults and Youth in 2008/09. That is an increase of 995 program admissions from 2007/08 and an increase of 2,344 in

- Many of the clients served have experienced problems in various life areas. For example, approximately 41% are involved in the legal system while in an AFM program.

AFM School Based Programs for youth provided on-site education/assessment and counselling service to students in 24 schools located in Winnipeg and 40 more schools throughout the rest of the province. AFM staff provide a variety of services for students and their parents; including counselling for substance use involvement and those affected by other's substance use; as well as Parent Information and Parent Support Group Sessions. Staff work on-site in schools, ranging from four days down to one-half day per week. Students are self referred or referred by school staff for assistance and assessment. Presence of AFM staff expands the network of supports to young people in our student population.

Winnipeg Region:

Over the past several years, AFM's Winnipeg programs have seen an increase in the number of men, women and youth seeking intensive programming. As a result of this increase, a number of strategies have been implemented in order to offer more timely access to programming and to continue to ensure the services offered are relevant and meaningful to those who are seeking help. Several program changes have been made, including:

James Toal Centre (JTC)

- Through the new program initiative for resistant clients, services were provided to adult 'at risk' clients with unique needs targeted through specific programming. This program assists adult men and women to develop self-awareness; provide professional assessments to determine the degree to which their substance use

and/or gambling have become problematic; and explore options for resolving any identified problems.

- Additional group sessions for a total of two in the evening and one in the afternoon for the non-residential 10 week program offered at JTC. Community based staff assisted with one-on-one counselling sessions to increase access to the 10 week program. Three group sessions were offered for the Coming to Terms program and extra groups were regularly added to accommodate demand.

the last five years since 2004/05. The distribution of program admissions follows in the table below.

Profile of the 2,503 youth clients who accessed AFM services this fiscal year:

- Approximately 60% were male and 40% were female;
- Approximately 83% were students at the time of their involvement with AFM;
- 57% of the youth clients reported first using alcohol at 13 years or younger; and

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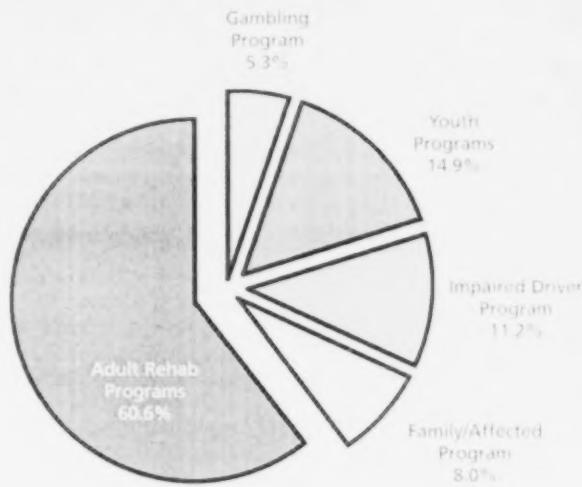
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- Through the new LINKS program and adjustments due to cancellations or no shows, clients on the waitlist were moved into programs sooner. Prior to program entry, men on the wait list for intensive programs were able to attend a weekly support group where staff provided ongoing education and support with substance use issues and helped prepare clients for their entry to intensive programs.

Women's/Family Services

- The hiring of a third Women's Intake/Assessment Counsellor allowed for an increased number of clients in the WISER Program. As a way of maintaining ongoing contact with clients and providing service to women waiting for WISER or River House programming, the Women's LINKS Program was offered on a weekly basis.

The m.i.n.e. Program had 265 clients. Admissions were restricted at this number due to physician workload and vacant nurse positions. Twenty four clients were admitted during this time and a wait list has been maintained. Present number of clients waiting for assessment and admission is 133.

Three new physicians have been training at m.i.n.e. while working to receive their Manitoba Methadone License. This brings the current complement of doctors to five.

Youth Community Based Services

- The Youth Services Clinical Team implemented a new service delivery model for their intake process and groups. The model included a weekly intake day. Clients were referred to 3 different groups: the 2 day Prevention and Education Awareness Group; the 4 day Choices Group that targets clients in the contemplation stage of change; and the 2 week long Breaking Away Group for clients in the preparation/action stage of change. The new group intake process and the new registration process for Parent Intervention Program have significantly reduced wait times for clients and parents and increased show rates.

Western Region:

- Increased capacity at Parkwood (Brandon) for adult alcohol and other drugs clients by two additional beds.
- An additional transition group was started to provide services while completing a triage into the next available most appropriate service.

Northern Region:

- Northern Region Community Based Services team began monthly visits to Leaf Rapids, Lynn Lake and Gillam for a few days at a time and supplementing these sessions with tele-health sessions through the Leaf Rapids Health Center on days when travel is not planned.
- For the first time, a women only program operated in Northern Region from July 26 - August 25, 2008.

2. Improved physical/psychological health.

Winnipeg Region:

- WISER and River House client groups were offered educational sessions with topics such as nutrition, female sexuality, body image, etc.
- Acupuncture Pilot Project was offered twice a week by program counsellors who had been trained in Auricular Acupuncture.

Western Region:

Parkwood staff work closely with a coalition of Brandon service providers and CFB Shilo staff to develop new and better resources for those dealing with occupational stress and substance abuse. A support group co-facilitated by staff from AFM and the Department of National Defense ran on a weekly basis.

Northern Region:

Completion of the Chronic Disease Prevention Initiative in the Burntwood Region has shown the AFM as leaders in the inter-agency delivery of services to clients at risk of chronic disease. The provision of educational sessions and supports in the areas of diabetes, smoking, nutritional health and fitness to clients while in residential treatment engaged the clients in looking at the health concerns related to their abuse of substances.

3. Improved family and/or social functioning.

Research shows that for every person who has an alcohol, drug or gambling problem, there are several people close to that person who are significantly impacted by their loved one's use. The Family/Affected Programs provided education and counselling to 705 individuals throughout Manitoba during 2008/09.

Winnipeg Region:

- Family Program staff conducted a pilot of a Trauma Group for clients who wish to further explore the impact of trauma on their lives and to resolve trauma issues to maximize healthy functioning.
- Family Program staff offered day and evening programming for 340 affected family members in Winnipeg.
- Family therapists work with all family members simultaneously, including the problem users within the Winnipeg Family, River House, James Toal Centre, and the Youth Residential and Community Based Programs. Parents and children accessed specialized services to improve family functioning, thereby maximizing an adolescent's ability to maintain positive change with regards to alcohol/other drug use and other high risk behaviours. Bilingual services are also available in the Winnipeg area.
- Youth Family Therapists offered a Parent Intervention Program follow-up group on a monthly basis. Parents who have attended the program were invited to attend one evening session to continue exploring parenting strategies.

Northern Region:

A Community Reinforcement and Family Training (CRAFT) and Community Reinforcement Approach (CRA) training was provided to AFM Staff and other participants from interested organizations in The Pas in October 2008.

Western Region:

Family Sessions for the residential clients at Parkwood were re-developed. Sessions run two half-days and incorporate information on what is family, how addiction impacts family relationships, stages families go through in response to addiction, don't talk-don't trust-don't feel rules, family roles, life map and challenges clients may face upon returning home. Western Region Family Program provided service to 31 clients.

4. Improved employment and/or vocational/educational functioning.

Success in a methadone maintenance treatment (MMT) program, such as the Opiate Dependency and Addictions Clinic (ODAC) in Brandon, is measured by improvements in the clients' life situation. This includes better employability and employment, improved health and self care, and improved family relationships and living situations. Service is provided to clients from all areas of Manitoba outside of the Winnipeg Region, most of whom live in rural areas. In Brandon, the AFM's ODAC staff worked closely with outside agencies including Mental Health, Correction Services, Public Health and Social Assistance.

5. Reduced involvement with criminal justice system.

IDP's mandate is to assess individuals' substance use with regard to risk related to future driving while impaired. A total of 1,894 individuals accessed the IDP during 2008/09. One of the ways to achieve the overall goal of reduced harms related to potential criminal charges due to impairment is addressed by referrals to substance use rehabilitation programming where intensive support is required.

A significant number of referrals to AFM Adult and Youth Rehabilitation Programs continue to come from the Justice system. For example, in 2008/09, the Justice System referred 918 adults and 285 youth to Intake and Assessment. Counsellors assisted clients to develop strategies to help them address their substance use in the short and long-term so that negative impact can be avoided.

AFM partners with Youth Justice in Brandon, Thompson and Winnipeg. Youth on probation receive assessments and individual and group counselling services.

- Winnipeg Youth Justice Project continued to provide services to clients at two Winnipeg high-risk youth probation offices. The average number of youth on the counsellor's caseload was 105 clients. A Rehabilitation Counsellor in the Justice Project facilitated a group session to high-risk, gang-involved youth at the Manitoba Youth Centre who are part of "The Good Life" program.
- The Western Region experienced 10 new referrals in addition to the 24 on the regular caseload. The Youth Worker uses motivational interviewing which has resulted in movement towards the contemplation/preparation stage.

- Northern Region jail staff received training and support in providing the "Coming to Terms" program to inmates while incarcerated in the provincial jail in The Pas. The project has been undertaken across the province.

AFM's *m.i.n.e.* Program outcome studies have demonstrated a significant reduction in involvement with the criminal justice system for those clients who have participated; this is an important finding as the majority of *m.i.n.e.* clients have a history of criminal involvement.

Prevention and Education

Key results report for 2008/09 are:

1. Enhanced community capacity for supporting prevention and education goals.

AFM partnered with aboriginal agencies, and related youth outreach services were delivered. For example, AFM staff assisted with community mobilization and resource development for Oxford House around youth marijuana issues and resiliency building in the community.

Under a Seniors Theater Project initiative the Federation des aînes franco-manitobains was contracted to develop a play to target French speaking seniors.

AFM is actively involved with the Manitoba Addictions Awareness Week (MAAW) Committee through staff representation from various areas of the province. Staff sat on planning committees, collaborated with other agencies, as well as offered community workshops and school presentations in their area. AFM staff members participated in 81 community workshops & schools presentations across the province.

AFM staff were responsible for co-ordinating the development and publication of the 2008/2009 MAAW Resource Kit in English and French. The majority of the kit was developed in a CD format and included 173 activities to promote awareness of addictions. Demand for the 2008/09 kits was very high, 2000 English and 215 French print versions of the kit were distributed to every Manitoba school, selected community groups, workplaces and on request to AFM library patrons.

AFM staff are members of the Brandon Drug and Alcohol Coalition and played a key role in facilitating the direction and utilization of funding received by the Coalition. As a result a coordinator was hired to facilitate prevention initiatives in the school division, and reach out to all youth in the community. A curriculum to be utilized in the schools beginning at elementary years was developed.

In Thompson through the "Circle of Youth" outreach service, a message of hope is delivered to at risk youth. Having an AFM worker in the proximity of the center, which provides evening recreational and social supports to youth, is an effort to meet kids halfway.

AFM partnered with Regional Health Authorities throughout Manitoba to increase the capacity to provide services to Manitobans with co-occurring mental health and substance use and/or gambling issues.

A collaborative Services Agreement was signed with the Burntwood Regional Health Authority. Collaborative case management models are being explored with allied providers in the Northern Region. This provides a better integration of services for clients.

Staff from James Toal Centre, Women's Centre and *m.i.n.e.* (Winnipeg) meet regularly with the Health Sciences Centre Addictions Unit staff to try to meet the needs of the increased number of opiate dependent clients.

2. Enhanced health literacy knowledge and skills in the community.

AFM's library resources and services are used to develop, support and enrich all aspects of AFM's programming, as well as to provide support to programs taking place in communities, schools and workplaces throughout the province.

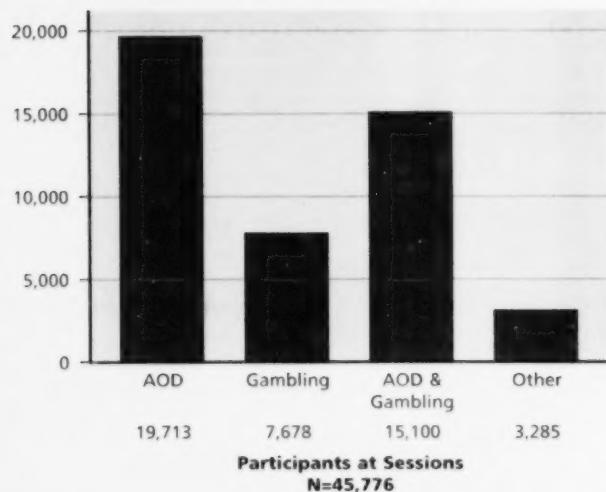
AFM Library staff strategically link the library's valuable collection to user groups, including the general public, educators and their students, medical professionals, social service providers and workplace employee assistance programs.

The Library's On-line Public Access Catalogue (OPAC) gives information about the entire collection through the World Wide Web.

AFM staff conducted 578 public awareness workshops and set up 41 display booths at various events targeted to increase the understanding of the general public, media and professionals on current issues in the area of addictions. Staff also participated in 1,553 prevention education events with a total of 45,776 people attending these events.

2008-2009 Participants at Prevention Activities

(Data Source: AFM 2008-09 ASR)



Community Prevention Programs (CPP) offer 75 standardized courses throughout Manitoba to allied professionals and individuals interested in increasing knowledge of addiction issues.

Prevention Education Consultants and Community Addiction Workers take the lead in working with community partners by:

- Facilitating CODI (Co-occurring Disorders) training workshops in all areas of the Province.
- Offering training for health care and social service professionals in the assessment of addictions.
- Providing training and staff development for community partners.
- Providing planning assistance for the Soaring Eagle Conference coordinated through the T.J. Wiebe Foundation for the Frontier School Division.
- Facilitating workshops in partnership with the Adult Impaired Drivers Program and Manitoba Public Insurance Corporation to youth involved in Teens Against Drunk Driving.
- Delivering alcohol, other drugs and gambling presentations to parents and youth in four communities with the Health Centers in Labroquerie and Sainte-Agathe.

In Winnipeg the Workplace Services Unit and the Drug Testing Program developed partnerships with local companies around policies and protocols on drug and alcohol testing. Presentations were made to the City of Winnipeg, Winnipeg Police Services and Manitoba Hydro, as well as a number of private transportation companies.

3. Enhanced community capacity for early identification, early intervention and referral.

Prevention Education Consultants work with community partners and provide workforce development training for allied professionals from groups/agencies such as Anchorage, St. Raphael, Main Street Project, New Directions, Justice Manitoba, Child and Family Services, CODI initiative through the Winnipeg Regional Health Authority, Manitoba Liquor Control Commission, Manitoba Public Insurance, Partners Seeking Solutions with Seniors, Manitoba Health and Healthy Living, and University of Manitoba Faculty of Pharmacy.

The m.i.n.e. program hosted a Psychiatric Nursing student from St. Boniface College.

AFM's Family Therapist presented on Family Centered Practice and a Prevention Staff member participated in a panel presentation on the topic of Non-compliance in school without increasing vulnerability, where the Manitoba School-Based services model was highlighted at the Western Canadian Youth & Families Addictions Conference in Vancouver, British Columbia.

AFM responds to and communicates trends in addictions using the AFM website, newsletters, magazine articles, drug fact sheets and brochures.

Youth Prevention & Education Staff throughout the province deliver standardized courses targeted at youth allied professionals to assist the community in identifying and intervening with substance use problems as early as possible, preventing more serious problems from developing. In addition staff developed and delivered educational sessions for professionals, paraprofessionals, school staff and parents throughout the province to facilitate the larger community's ability to respond appropriately to substance use concerns faced by young people in their locale. This training supports better service options and communication between youth serving agencies and addictions service providers.

Safer Choices Program expanded from the Flin Flon and The Pas areas to Thompson. Issues of sexuality, substance use and personal safety were the focus of the two day conference for high school students in Thompson at R.D. Parker School in November 2008. AFM Safer Choices Network and other agencies provided education and awareness on drug use, sexuality and other health risks.

Problem Gambling Services for Adults and Youth

Objective: To provide a range of programs and services for individuals and communities, to reduce the harm associated with gambling, including problem gambling awareness, prevention, intervention, and treatment for gamblers and their families.

The results for 2008/09 were:

1. Reduced involvement or harm with gambling.

AFM residential gambling clients report significantly reduced legal issues at 12 months after program. Clients of the Parkwood Residential Gambling Program are reporting reduced employer concern for their gambling at 3 and 6 months after program completion. AFM residential gambling clients continue to report a significant reduction in harm due to gambling in addition to decreased financial impacts and legal issues over time. The program has had a positive impact on themselves and their families.

The AFM provided 899 program service units to 538 individuals in the Gambling area. Of these 365 clients were adult problem gamblers; 1 was a youth; 55 went through the Gambling Residential Program and 117 family members or affected persons accessed the Family Program.

2. Increased community awareness of gambling issues, in order to improve competencies at the community level for taking action in addressing, and/or preventing gambling related problems.

The new getgamblingfacts.ca website, released in the Fall of 2008 is written in 6 languages: English, French, Filipino, and Chinese (Simplified and Traditional), and Vietnamese. The website is a resource where the people of Manitoba and targeted Asian populations

can get accurate information on gambling; such as how the games really work; problem gambling; and the strategies that can assist them in solving problems with their gambling in an acceptable, convenient and non-intrusive way.

A play called, "A Cup of Hope" was performed as part of World Elder Abuse Day. Sponsored by AFM, Age and Opportunity and the Manitoba Vietnamese Seniors Association the play focused on an older man from Vietnam who developed a gambling problem through boredom and was performed in the Vietnamese language. The play was one activity in a day of activities that included a mini social services and health information fair.

The "Spent the Rent" ad campaign aimed at the 18-24 year old age group ran for six weeks in February and March. The campaign consisted of print and billboard ads promoting the getgamblingfacts.ca website. The print ads ran in most university and college newspapers and major daily papers (Winnipeg and Thompson). Eleven billboards were located in Winnipeg, Brandon, Dauphin and The Pas.



A new Touch Screen Program for the Responsible Gaming Information Centres (RGIC) was developed. The touch screens are used as a teaching tool by AFM staff in the casinos with the patrons. The screens provide a source of information for casino patrons during hours when AFM staff are not on duty and include a data collection system that allows AFM to track user activities.

AFM operated Responsible Gaming Information Centres (RGIC) in the McPhillips Street Station and Club Regent Casinos (Winnipeg) and provided training and information to other provincial jurisdictions across Canada. AFM staff provided on-site education, support and referral to counselling. Since December 2002 there have been 20,913 visits to the centres and another 9,226 people visited the on-site open houses.

Year	Club Regent Casino Visitors	McPhillips Street Station Casino Visitors	Total Visitors
April 02-March 03	0	177	177
April 03-March 04	0	395	395
April 04-March 05	18	546	564
April 05-March 06	2520	358	2878
April 06-March 07	2501	3270	5771
April 07-March/08	3042	2243	5285
April 08-March/09	3493	2350	5843
Total*	11574	9339	20913

*These totals do not include open house visits.

Data Source: RGIC Short/Long MIS forms.

3. Increased skills of professionals/para-professionals in identifying individuals requiring help, and referring them to the appropriate resource.

An agreement between AFM and Klinik, to provide after hours Gambling Helpline call pick-up, resulted in Klinik staff being trained to respond to callers on the Problem Gambling Helpline.

AFM and Manitoba Lotteries Corporation partnered to train staff at lottery retail sites in Manitoba to help them be aware of responsible gambling practices and problem gambling resources.

The Player Information Booklet was revised and is available to all hotels and restaurants with on-site VLTs. Thirty-three Customer Assistance Training sessions were conducted provincially with casino, restaurant and bar staff to increase awareness and provide intervention tools for those encountering problem gamblers.

Problem gambling services in Thompson have been augmented with the addition of a Community Financial Counselling Services Counsellor to establish a closer, accessible resource for those with debt associated with problem gambling and support clients working with AFM staff. This position services all northern communities.

4. Increased knowledge on the risks of gambling for adolescents throughout the Province, to assist them in making better decisions.

The youth gambling awareness programs, Keeping Your Shirt On (KYSO)/Keeping Your Spirit Strong (KYSS), were offered to 122 high schools throughout the Province with 1,549 people attending. The programs engage youth in meaningful dialogue around gambling behaviours and the effects. The goal of the programs is to provide Manitoba secondary school students (KYSO) and Aboriginal high school students (KYSS) with information about gambling that may assist them in making healthy and informed decisions about gambling.

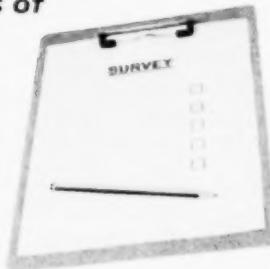
The Lucky Day Program, another youth gambling awareness program, was offered to 179 schools with 2,616 students participating in grades 7-9. The program is designed to increase awareness in youth by providing them with information regarding gambling myths and facts about gambling.

5. Increased knowledge through population surveys of the incidence of problem gambling in the province, generally and in select populations.

The Manitoba Student Gambling Report Summary 2007 was released in November 2008. Manitoba Student and Adult gambling rates were released at the Provincial Gambling Conference at the McPhillips Street Casino in December of 2008

A special edition of An Inside View newsletter focusing on youth gambling (*Manitoba students report more gambling via internet and computer video games*) was distributed to 800 subscribers and posted on the AFM Website.

Parkwood Gambling Program evaluation was released in December 2008. A poster reporting on the results of the evaluation was developed and shared with attendees at the University of Manitoba's Applied Health Sciences Research Day. The information was well received and was a runner-up to the first prize out of approximately 30 posters.



AFM PROGRAM SUPPORT SERVICES

Program Evaluation and Accountability

April 1, 2008, the responsibility for addictions research was removed from AFM's mandate. The focus of the new Program Evaluation and Accountability is on program evaluation. Since several research projects were well under-way in February, the work required to complete these projects continued into the first six months of 2008/09. Simultaneously, the newly formed unit "Program Evaluation & Accountability" also began to take shape with several initiatives underway. In June 2008, the new unit developed the following purpose statement:

To provide the best possible addiction programming for our clients based on best practices and to increase accountability within the agency

Project activity

- Planning, development and implementation of evaluation plans for the Problem Gambling Helpline and the Community Financial Counseling Services (CFCs) projects. Program Evaluation staff are part of the Advisory groups for each of the projects. Final reports are expected for each project in late 2009 and early 2010.
- The findings of the student gambling and adult gambling prevalence results were presented at the Provincial Gambling Conference - McPhillips Street Station Casino in December 2008.
- An Inside View featured an article on youth gambling entitled: "Manitoba students report more gambling via Internet and computer/video games".
- On-going monitoring of visitors to the Responsible Gaming Information Centres. Comprehensive summary reports for the past two fiscal years are currently being completed.
- The development and implementation of the evaluation plan for the Casino Re-entry Education Program was completed.
- With significant contributions from the River House and WISER staff (and consultations with Klinik Community Health Centre), the development and implementation (data collection began in September) of the evaluation plan for the Acupuncture Pilot project was completed. This project is currently in the data collection phase. A preliminary report will be available in the summer of 2009.

- JTC Intensive Programs - an Evaluation Advisory group met and completed a draft evaluation plan. Data collection is set to begin in June 2009. This project is the first outcome-based evaluation of JTC in several years and will involve a one year follow-up component.
- The Program Indicator Pilot project was completed. Results will be shared with Program staff. The project involved the 6 AFM adult residential centers in Manitoba. The data collection involved a two part process and measured several aspects of the client experience at AFM.

Completed reports and presentations

- In August 2008, the report entitled, "Manitoba Gambling and Problem Gambling 2006" was released.
- In the fall, Program Evaluation staff presented the alcohol and other drug research results at the AFM Youth Clinical Conference.
- In October 2008, "Still without shelter: A description of issues faced by street youth in Winnipeg in 2007" was released.
- In November 2008, "Student gambling report summary: Manitoba 2007" and "Alcohol and other drugs: Students in Manitoba 2007" was released. The executive summary of the alcohol and other drugs report is also available on the AFM website - this summary is available in English and French.
- "Parkwood evaluation report - December 2008" was released.
- In January 2009, the poster entitled "Evaluation of a problem gambling residential program: Is it working?" was completed and presented to AFM staff and the university community.
- The CCENDU - Winnipeg 2008 report was released and distributed.
- In January, a presentation was given to undergraduate students about Program Evaluation at the AFM.

Canadian Community Epidemiology Network on Drug Use (CCENDU)

Staff at AFM have taken the lead in Site Coordination activities with the CCENDU - Winnipeg project for the last number of years. The CCENDU Winnipeg report (2008), which contains information from various Winnipeg-based agencies on substance use and abuse, was completed in November and released in January for public distribution. Copies of the report are available via the AFM website or AFM's Library. The report also contains information on HIV and AIDS, Hepatitis B and C, gambling and co-occurring issues as well as new statistics from the 2007 school survey and the adult gambling and problem gambling report. The information in the report is compiled through a network of organizations including: the Winnipeg Police Service, RCMP, MPI, the Chief Medical Examiner's Office, DVL, Manitoba Pharmaceutical Association, MLCC, AFM and Manitoba Health and Healthy Living (also known as the "Winnipeg Site Network Team"). There are several sites across Canada and each local site collects, collates and interprets data and information in eight major drug use areas (e.g., cocaine, alcohol) and in six indicator areas (e.g., prevalence, mortality) to produce local reports.

William Potoroka Memorial Library

AFM's William Potoroka Memorial Library provides Manitobans from all walks of life and from all parts of the province with resources and services that can assist with personal and family challenges; educational programming; healthcare and social service provision; workplace issues; and prevention and rehabilitation program development.

Often the Library is the point of first contact with the agency; giving Library staff the opportunity to refer patrons to other appropriate AFM programs and services and acting as the distribution centre for AFM publications. The library provides free, province-wide access to over:

- 11,114 print resources
- 1,360 audio-visual resources
- 35 professional and academic journals and newsletters

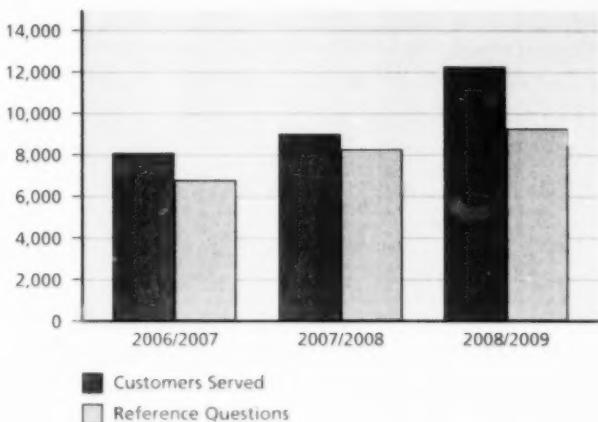
There was a strong demand for resources and services in 2008/2009 with the **highest number of patrons being served since the library opened**.

- 12,667 patrons were served
- 8,824 reference questions were answered
- 3,544 resources were circulated

- Over 100 journal article and inter-library loan requests were filled
- 382 new library patrons registered with the library
- 13 customized in-depth library orientations were given to specialized groups with 216 people participating
- Close to 1,000 potential customers were reached through 5 conference and workshop presentations and displays

Library Services April 2006 - March 2009

Data Source: AFM Library Statistics (2008/09)



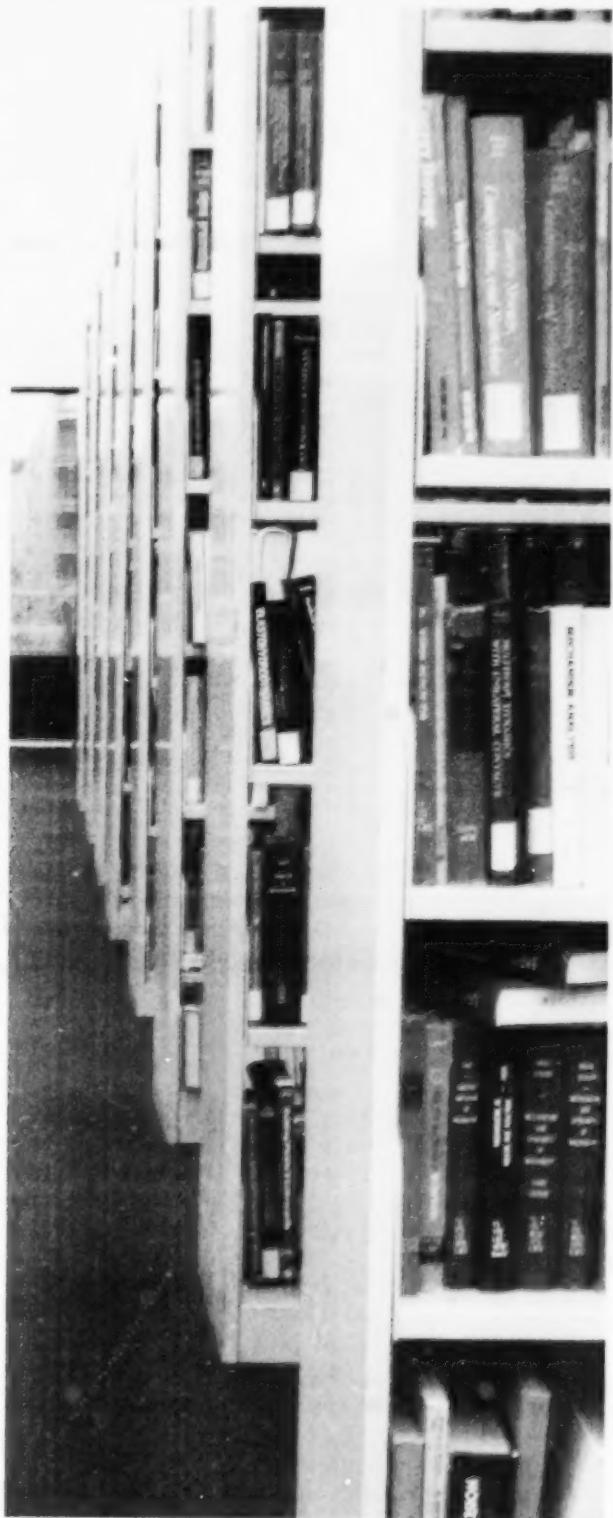
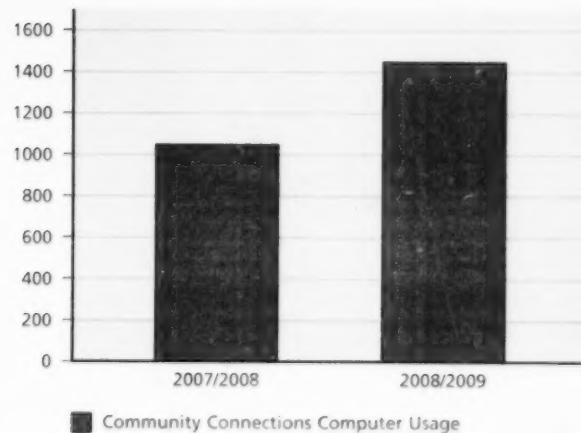
Community Connections Program

(Public Access Internet Site)

AFM acts as a site for the Community Connections Program, which places computers in various locations throughout the city for use by residents in the community. The library saw an increase of over 400 users from the previous year with 1,453 members of the public using these computers to do research, school assignments, look for work and keep in touch with family and friends around the world via email. In order to meet the growing demand for community internet access, the Library was able to secure 2 additional computers, increasing the number of computers for this purpose to 6.

Community Connections Computer Usage

Data Source: AFM Library Statistics (2008/09)



Grant Funding Allocations

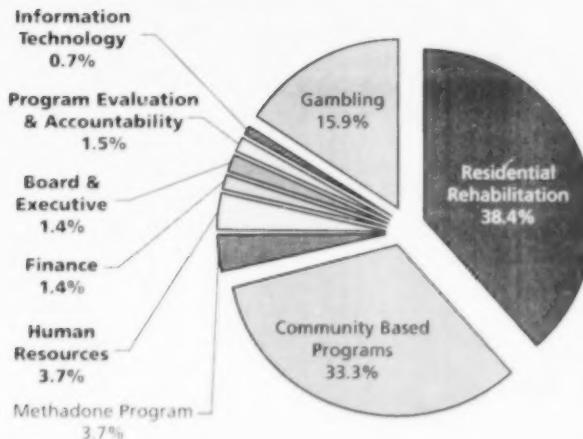
The AFM, among other service providers and along with the Department of Health and Healthy Living, represents initiatives under one of the seven pillars of the Manitoba Health and Healthy Living mandate, to reduce substance abuse through addictions strategies. AFM enhances the health of Manitobans by reducing the harm of alcohol, other drugs and gambling through leadership in education, prevention-rehabilitation and evaluation.

The Foundation's Funding Grant Allocation from Manitoba Health and Manitoba Lotteries for 2008/09 is broken down into the following categories:

Residential Rehabilitation	\$ 7,280,400.00
Community Based Programs	\$ 6,311,800.00
Methadone Program	\$ 701,100.00
Corporate Administration	\$ 1,658,400.00
Total Manitoba Health Funding¹	\$15,951,700.00
Manitoba Lotteries Funding for AFM Gambling Services	\$ 3,022,900.00

Manitoba Health and Lotteries Funding 2008-09

Data Source: Manitoba Health & Healthy Living Grant Funding Allocations



Administration Costs (8.7%)

The percentages shown on the chart above for Information Technology (0.7%), Program Evaluation & Accountability (1.5%), Board & Executive (1.4%), Finance (1.4%), Human Resources (3.7%), are for these Corporate Support Functional Areas only. They do not include administrative costs directly attributed to program operations, which are included in the totals for program delivery operational costs.

Capital Projects Report - 2008/09

AFM Capital Projects Completed in 2008-09

Project	Location	Cost
Washroom Renovations	Basement, 1041 Portage Ave	\$42,400.00
Flooring Replacement	2nd Floor, 1031 Portage Ave.	\$47,800.00
Elevators Repairs	1031 Portage Ave.	\$23,400.00
Commercial Stove Replacement	Ste. Rose	\$7,000.00
Total Projects Costs		\$120,600.00

AFM Capital Projects Underway in 2008/09 (to March 31/09)

Project	Location	Cost
New AFM Thompson Facility	Thompson, MB	\$ 8,259,274.00
Flooring Upgrades	Basement, 1041 Portage Ave.	\$38,300.00
Washroom Renovations	Basement, 1031 Portage Ave.	N/A: Available
Flooring Upgrades	Southeast Wing, 1041 Portage Ave.	\$41,500.00
Light Fixture Replacement	200 Osborne St., 1031 & 1041 Portage Ave.	\$44,900.00
Washroom Renovations	200 Osborne Street	\$47,400.00

AFM Capital Projects Under Review by Manitoba Health/Healthy Living

Project	Location
Client Washroom Renovations	2nd Floor, 1041 Portage Ave.
CCTV Video Surveillance	Brandon & Ste. Rose Residences
Commercial Refrigeration	Brandon Residence
Filing System	Brandon
HVAC Upgrade	Brandon
Air Quality/ Exhaust Upgrade	Brandon
Carpet Replacement	200 Osborne St.
Carpet Replacement	586 River Ave.

¹ The Foundation's grants from Manitoba Health does not include gambling funds for the AFM Required Design Program, which is a cost recovery program.



ADDICTIONS FOUNDATION OF MANITOBA

(incorporated under the Addictions Foundation of Manitoba Act)

Financial Statements March 31, 2009

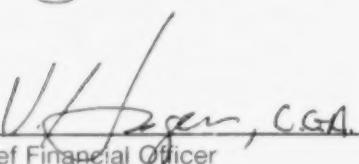
The accompanying financial statements are the responsibility of management and have been prepared in accordance with accounting policies stated in Note 2 to the financial statements. In management's opinion, the financial statements have been properly prepared within reasonable limits of materiality, incorporating management's best judgment regarding all necessary estimates and all other data available.

Management maintains internal controls to provide reasonable assurance of the reliability and accuracy of the financial information and that the assets of the Foundation are properly safeguarded.

The responsibility of the Auditor and their staff is to express an independent professional opinion on whether the financial statements are fairly presented. The Auditor's report outlines the scope of the audit examination and provides the audit opinion.



Chief Executive Officer



Chief Financial Officer

June 30, 2009

Date

AFM AUDITED FINANCIAL STATEMENTS
TO MARCH 31, 2009



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AUDITORS' REPORT

To the Board of Governors of Addictions Foundation of Manitoba

We have audited the statement of financial position of Addictions Foundation of Manitoba as at March 31, 2009 and the statements of revenue and expenses, changes in net assets, and cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Signed "KPMG LLP"

Chartered Accountants

Winnipeg, Canada

June 26, 2009

ADDICTIONS FOUNDATION OF MANITOBA

Statement of Financial Position

March 31, 2009, with comparative figures for 2008

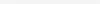
	2009	2008
Assets		
Current assets:		
Cash	\$ 1,189,930	\$ 1,646,046
Accounts receivable	780,595	553,117
Prepaid insurance	55,102	25,824
Vacation pay recoverable from the Province of Manitoba <u>(note 4)</u>	<u>667,567</u>	<u>667,567</u>
	<u>2,693,194</u>	<u>2,892,554</u>
Restricted cash	510,829	72,435
Capital assets (note 5)	11,416,005	5,114,756
Recoverable from the Province of Manitoba:		
Pre-retirement pay (note 6)	1,153,316	1,153,316
Long-term pension funding (note 7)	18,460,363	18,556,423
	<u>19,613,679</u>	<u>19,709,739</u>
	\$ 34,233,707	\$ 27,789,484

Liabilities, Deferred Contributions and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 2,049,306	\$ 1,310,160
Bank indebtedness related to capital assets (note 8)	8,057,905	1,868,788
Accrued vacation pay (note 4)	1,297,051	1,259,688
	11,404,262	4,438,636
 Accrued pre-retirement pay (note 6)	1,991,581	1,865,611
 Provision for employee pension benefits (note 7)	18,460,363	18,556,423
 Deferred contributions (note 9)	97,800	52,800
 Net assets (deficiency):		
Invested in capital assets	3,358,100	3,245,968
Internally restricted (note 10)	979,300	994,000
Unrestricted	(2,057,699)	(1,363,954)
	2,279,701	2,876,014
 Continuity of operations (note 1)		
Commitments (note 11)		
	\$ 34,233,707	\$ 27,789,484

See accompanying notes to financial statements.

On behalf of the Board of Governors:



Chairman

 Edwina treasurer

ADDICTIONS FOUNDATION OF MANITOBA

Statement of Revenue and Expenses

Year ended March 31, 2009, with comparative figures for 2008

	2009	2008
Revenue:		
Government of the Province of Manitoba:		
Operating	\$ 15,951,696	\$ 14,903,707
Long-term pension, net (note 7)	(470,834)	778,765
Capital	129,718	97,806
Manitoba Health - relief staffing	68,618	-
Impaired Drivers Program fees	919,774	839,292
Manitoba Lotteries Corporation	3,022,900	2,706,500
School Support Program	453,720	382,317
Recovery of wages, medical and treatment services and travel expenses	638,484	747,093
Youth Residential Programs	337,425	327,100
Drug Treatment Court Program	504,821	395,931
Other (schedule A)	278,439	289,941
	21,834,761	21,468,452
Expenses:		
Salaries	12,253,408	11,283,039
Wages	3,022,165	3,058,682
Amortization	221,373	193,834
Drug Treatment Court program	462,701	368,281
Employee benefits	1,346,738	1,281,853
Health and post-secondary education tax levy	328,164	302,196
Pension (note 7)	738,565	1,802,631
Other (schedule B)	4,057,960	3,970,788
	22,431,074	22,261,304
Deficiency of revenue over expenses	\$ (596,313)	\$ (792,852)

See accompanying notes to financial statements.



ADDICTIONS FOUNDATION OF MANITOBA

Statement of Changes in Net Assets

Year ended March 31, 2009, with comparative figures for 2008

					2009	2008
	Invested in capital assets	Internally restricted	Unrestricted	Total		Total
Balance, beginning of year	\$ 3,245,968	\$ 994,000	\$ (1,363,954)	\$ 2,876,014	\$ 3,668,866	
Deficiency of revenue over expenses	(221,373)	—	(374,940)	(596,313)	(792,852)	
Investment in capital assets	333,505	—	(333,505)	—	—	
Internally imposed restrictions, net (note 10)	—	(14,700)	14,700	—	—	
Balance, end of year	\$ 3,358,100	\$ 979,300	\$ (2,057,699)	\$ 2,279,701	\$ 2,876,014	

See accompanying notes to financial statements.

ADDICTIONS FOUNDATION OF MANITOBA

Statement of Cash Flows

Year ended March 31, 2009, with comparative figures for 2008

		2009	2008
Cash provided by (used in):			
Operating activities:			
Deficiency of revenue over expenses	\$ (596,313)	\$ (792,852)	
Items not involving cash:			
Amortization	221,373	193,834	
Changes in non-cash operating working capital:			
Accounts receivable	(227,478)	5,546	
Prepaid insurance	(29,278)	(2,989)	
Accounts payable and accrued liabilities	739,146	414,740	
Accrued vacation pay	37,363	251,611	
Accrued pre-retirement pay	125,970	295,020	
Net change in deferred contributions	45,000	(5,700)	
	315,783	359,210	
Financing and investing activities:			
Restricted cash	(438,394)	(72,435)	
Additions to capital assets	(6,522,622)	(2,341,788)	
Increase in bank indebtedness related to capital assets	6,189,117	1,868,788	
	(771,899)	(545,435)	
Decrease in cash	(456,116)	(186,225)	
Cash, beginning of year	1,646,046	1,832,271	
Cash, end of year	\$ 1,189,930	\$ 1,646,046	

See accompanying notes to financial statements.

ADDICTIONS FOUNDATION OF MANITOBA

Notes to Financial Statements

Year ended March 31, 2009

Nature of the Foundation:

The Foundation is incorporated under the *Addictions Foundation of Manitoba Act*. The Foundation is the provincial authority for providing prevention, education and treatment programs related to addictions to individuals and communities and for promoting the health and well-being of Manitobans. In this respect, the Foundation is dependent upon funding from the Government of the Province of Manitoba. The Foundation is a registered charity within the meaning of the *Income Tax Act*.

1. Continuity of operations:

These financial statements have been prepared on a going concern basis in accordance with Canadian generally accepted accounting principles. The going concern basis of presentation assumes that the Foundation will continue in operation for the foreseeable future and be able to realize its assets and discharge its liabilities and commitments in the normal course of business. There is doubt about the appropriateness of the use of the going concern assumption because as at March 31, 2009, the Foundation has a working capital deficiency, an unrestricted net asset deficiency of \$2,057,699, and deficiencies in revenues over expenses in fiscal 2009 and prior periods.

The ability of the Foundation to continue as a going concern, to realize the carrying value of its assets and to discharge its liabilities when due is dependent on the continued support of the Government of the Province of Manitoba and the Foundation achieving a break-even or surplus position in future years. There is no certainty that these and other strategies will be achieved or that they will be sufficient to permit the Foundation to continue as a going concern.

The financial statements do not reflect adjustments that would be necessary if the "going concern" assumption were not appropriate. If the "going concern" basis was not appropriate for these financial statements, then adjustments would be necessary in the carrying value of assets and liabilities, the reported revenues and expenses, and the balance sheet classifications used.

ADDICTIONS FOUNDATION OF MANITOBA

Notes to Financial Statements (continued)

Year ended March 31, 2009

2. Significant accounting policies:

(a) Capital assets:

Purchased capital assets are recorded at cost and contributed capital assets are recorded at their fair value at the date of contribution. The amortization methods and annual rates applicable to the various classes of assets are as follows:

Asset	Method	Rate
Buildings	Declining balance	5%
Computer equipment	Declining balance	30%
Furniture and equipment	Declining balance	20%
Leasehold improvements	Straight-line	Over term of lease

During the construction of new buildings, third party borrowing costs are capitalized as incurred. Buildings under construction are not depreciated.

(b) Revenue recognition:

The Foundation follows the deferral method of accounting for contributions. Restricted contributions are recognized as deferred contributions until the year in which the related expenses are incurred, at which time they are recognized as revenue. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Recovery of wages, medical and treatment services is recognized as revenue upon completion of the related treatment.

(c) Vacation pay:

The Foundation records a liability with respect to vacation pay entitlements accrued and unused as at year end. This amount is based on current remuneration.

(d) Pension costs:

Pension payments are recognized as operating expenses as payments are made under provisions of *The Manitoba Civil Service Superannuation Act*. The provisions of this Act require the Foundation to contribute 50 percent of the pension payments being made to retired employees. For employees hired after October 1, 2002, the Foundation makes annual matching contributions based on 6% of the employees' salary, which are also recognized as operating expenses. In addition, a provision has been recorded in the accounts of the Foundation for the employer's share of current and past service pension obligations.

ADDICTIONS FOUNDATION OF MANITOBA

Notes to Financial Statements (continued)

Year ended March 31, 2009

2. Significant accounting policies:

(e) Restricted cash:

Restricted cash represents cash held in trust in connection with the buildings under construction.

(f) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. Actual results could differ from those estimates.

(g) Financial instruments:

Financial assets and liabilities held-for-trading are measured at fair value with gains and losses recognized in excess of revenue over expenses. Financial instruments classified as held-to-maturity, loans and receivables and other liabilities are measured at amortized cost. Available-for-sale financial instruments are measured at fair value, with unrealized gains and losses recognized directly in unrestricted net assets.

The Foundation has designated cash as held-for-trading; accounts receivable, vacation pay recoverable, pre-retirement pay recoverable and long-term pension funding recoverable as loans and receivables; and accounts payable and accrued liabilities, bank indebtedness related to capital assets and accrued vacation pay as other liabilities. The Foundation has neither available-for-sale nor held-to-maturity instruments.

Except for held-for trading designated financial instruments, transaction costs that are directly attributable to the acquisition or issuance of financial assets or liabilities are accounted for as part of the respective asset or liability's carrying value at inception and amortized over the expected life of the financial instrument using the effective interest method. For held-for-trading financial assets and liabilities, transaction costs are recorded in the statement of revenue and expenses as incurred.

ADDICTIONS FOUNDATION OF MANITOBA

Notes to Financial Statements (continued)

Year ended March 31, 2009

3. Future accounting changes:

The Canadian Institute of Chartered Accountants (CICA) issued the following accounting standards that will come into effect for the Foundation's next fiscal year. The Foundation is in the process of determining the impact that these standards will have on its financial reporting.

CICA Section 3862, Financial Instruments - Disclosures and Section 3863, Financial Instruments - Presentation were to replace the existing Section 3861, *Financial Instruments - Disclosure and Presentation*, effective April 1, 2009 for the Foundation. These new sections revise and enhance disclosure requirements, and carry forward, unchanged, existing presentation requirements. These new sections place increased emphasis on disclosures about the nature and extent of risks arising from financial instruments and how the entity manages those risks. However, the CICA subsequently amended these sections to eliminate the requirement for not-for-profit entities to adopt these sections. Not-for-profit entities are permitted to continue to apply Section 3861 in place of Section 3862 and 3863. An entity that does so must disclose the fact.

In September 2008, a number of standards applicable to not-for-profit organizations were amended and new Section 4470 - *Disclosures of Allocated Expenses by Not-for-Profit Organizations*, was issued. The new Section 4470 requires entities that make allocations of general support and fundraising costs to other functions to disclose the policies adopted for the allocation of expenses among functions, the nature of the expenses being allocated, the basis on which such allocations have been made, and the functions to which they have been allocated. In addition, the amendments to the not-for-profit organization standards include clarification of when revenues and expenses are to be reported on a gross basis; clarification of the treatment of internal and external restriction on net assets; and improved guidance related to application of GAAP hierarchy, capital asset standards and statement of cash flows. The Foundation will adopt these standards on April 1, 2009.

4. Vacation pay recoverable from the Province of Manitoba:

The Province of Manitoba funds a portion of the vacation pay benefits of the Foundation, limited to the amount estimated at March 31, 1995. Accordingly, the Foundation has recorded a receivable in the amount of \$667,567 from the Province of Manitoba which reflects the estimated liability for accumulated vacation pay benefits at March 31, 1995. The Foundation is expected to fund the change in the liability from annual funding provided by the Province of Manitoba.

ADDICTIONS FOUNDATION OF MANITOBA

Notes to Financial Statements (continued)

Year ended March 31, 2009

5. Capital assets:

				2009	2008
	Cost	Accumulated amortization		Net book value	Net book value
Land	\$ 535,065	\$ -		\$ 535,065	\$ 535,065
Computer equipment	1,117,085	776,379		340,706	278,268
Furniture and equipment	282,992	169,216		113,776	102,215
Leasehold improvements	640,575	250,216		390,359	413,362
Building under construction	8,706,990	-		8,706,990	2,388,599
Buildings	4,041,660	2,712,551		1,329,109	1,397,247
	\$ 15,324,367	\$ 3,908,362		\$ 11,416,005	\$ 5,114,756

Interest capitalized to date in building under construction as at March 31, 2009 totaled \$174,117 (2008 -\$28,372).

6. Province of Manitoba pre-retirement pay:

The Foundation maintains an employee pre-retirement benefit plan for substantially all of its employees. The plan provides benefit payments to eligible retirees based on length of service and on career earnings from initial eligibility. At March 31, 2009, the obligation under the pre-retirement pay is estimated to be approximately \$1,991,581 (2008 - \$1,865,611) for which the Foundation has recorded an accrued pre-retirement pay liability on the statement of financial position.

The amount of funding which will be provided by the Province of Manitoba for pre-retirement pay was initially determined based on the pre-retirement pay liability as at April 1, 1998 and was recorded as a receivable from the Province of Manitoba. Since fiscal 1999, the Foundation has received funding on an annual basis from the Province, which includes funding for the change in the pre-retirement pay liability and retirement payments in the year, including an interest component on the pre-retirement pay receivable. The pre-retirement pay recoverable from the Province at March 31, 2009 aggregates \$1,153,316 (2008 - \$1,153,316) and has no specified terms of repayment.

The fair value of the pre-retirement pay receivable from the Province approximates its carrying value as the interest component described above is comparable to current market rates.

ADDICTIONS FOUNDATION OF MANITOBA

Notes to Financial Statements (continued)

Year ended March 31, 2009

7. Provision for employee pension benefits:

The Foundation records the actuarial pension liability and the related pension expense including an interest component, in its financial statements. Based on extrapolation from the most recent actuarial report dated December 31, 2007, the Foundation has recorded an amount of \$18,460,363 (2008 - \$18,556,423) in its financial statements, representing the estimated unfunded liability for the Foundation's employees as at March 31, 2009. Total pension expense of \$738,565 (2008 - \$1,802,631) has been recorded in the statement of revenue and expenses.

The Province of Manitoba has accepted responsibility for the pension liability and the related expense including the interest component. The Foundation has therefore recorded an amount recoverable from the Province of Manitoba of \$18,460,363 (2008 - \$18,556,423) equal to the estimated value of its actuarially determined liability in its financial statements, and has recorded the associated net revenue or expense for the change in the liability in the period. The Province makes payments on the receivable when it is determined that the funding is required to discharge the related pension obligation.

Provision for employer's share of employees' pension plan:

	2009	2008
Balance, beginning of year	\$ 18,556,423	\$ 17,474,908
Benefits accrued	955,483	932,820
Interest accrued (7 percent; 2008 - 7 percent)	1,251,493	1,244,232
Benefits paid	(1,317,971)	(1,095,537)
Actuarial gains ¹	(985,065)	-
Balance, end of year	<u>\$ 18,460,363</u>	<u>\$ 18,556,423</u>

¹The actuarial valuation as at December 31, 2007 was completed in April 2009, and the resulting adjustment recorded in the year ended March 31, 2009. This has resulted in lower pension expense and a corresponding adjustment to long-term pension revenue, net in the statement of revenue and expenses.

8. Bank indebtedness related to capital assets:

The Foundation has an operating interim construction loan credit facility with a maximum limit of \$9,134,454 as amended effective April 15, 2009. Advances on this credit facility are payable on demand and bear interest at bank prime less 1.00 percent per annum. The facility is secured by a letter of comfort from Manitoba Health and assignment of specific contracts by the Foundation. Interest only is payable until commencement of repayment initiated by Manitoba Health. Principal payments are to begin effective for April 1, 2009. As at March 31, 2009, the Foundation utilized \$8,057,905 of the available line of credit.

ADDICTIONS FOUNDATION OF MANITOBA

Notes to Financial Statements (continued)

Year ended March 31, 2009

9. Deferred contributions:

	2009	2008
Balance, beginning of year	\$ 52,800	\$ 58,500
Contributions received in the current year	60,000	-
Amount recognized as revenue in the current year	(15,000)	(5,700)
Balance, end of year	\$ 97,800	\$ 52,800

10. Internally restricted net assets:

Internally restricted net assets represent commitments for future expenditures on projects and capital expenditures. At the time the commitments are settled, expenditures are recorded in the balance sheet or statement of revenue and expenses as appropriate and the restrictions are reversed.

	2009	2008
Balance, beginning of year	\$ 994,000	\$ 1,338,300
Internal restrictions settled in the current year	(200,000)	(530,400)
Internal restrictions imposed for future years	185,300	186,100
	(14,700)	(344,300)
Balance, end of year	\$ 979,300	\$ 994,000

Internal restrictions have been imposed for the following:

	2009	2008
Ontario Health referrals potential cancellation	\$ 325,000	\$ 325,000
Pathways conference	13,700	13,700
Provincial technology program	-	200,000
Youth services	374,400	321,500
Problem gambling services special projects	25,600	-
Impaired drivers' program	240,600	133,800
	\$ 979,300	\$ 994,000

ADDICTIONS FOUNDATION OF MANITOBA

Notes to Financial Statements (continued)

Year ended March 31, 2009

11. Commitments:

The Foundation leases buildings and equipment under long-term operating leases which expire at various dates between 2010 and 2014. Certain leases contain renewal options at rates to be negotiated. Future minimum lease payments required under operating leases that have initial lease terms in excess of one year are as follows:

2010	\$ 340,849
2011	230,953
2012	169,069
2013	143,978
2014	134,771
	<hr/> \$ 1,019,620

12. Fair value:

The fair value of the pre-retirement pay recoverable and the long-term pension funding recoverable from the Province of Manitoba approximates the carrying value as the interest component (see notes 6 and 7) is comparable to current market rates.

The fair value of accounts receivable, vacation pay recoverable, bank indebtedness, accounts payable and accrued liabilities and accrued vacation pay approximates their carrying value due to the short-term nature of these instruments.

13. Comparative figures:

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted in the current year.

ADDICTIONS FOUNDATION OF MANITOBA

Other Revenue

Schedule A

Year ended March 31, 2009, with comparative figures for 2008

	2009	2008
Training course fees	\$ 104,660	\$ 57,419
Donations	36,052	35,008
Interest	38,993	94,778
Property rental	21,470	25,910
Parking rentals	23,517	23,671
Manitoba Government and General Employees' Union	1,981	5,456
Miscellaneous	51,766	47,699
	<hr/> \$ 278,439	<hr/> \$ 289,941

ADDICTIONS FOUNDATION OF MANITOBA

Other Expenses

Schedule B

Year ended March 31, 2009, with comparative figures for 2008

	2009	2008
Advertising and exhibits	\$ 92,886	\$ 61,431
Audio-visual aids	27,354	61,219
Audit	21,430	19,709
Board of Governors' honorarium	26,057	13,839
Books, newspapers and periodicals	27,490	29,437
Courier and freight	37,477	40,384
Educational literature	92,317	105,574
Fees	528,184	744,688
Food supplies	405,353	343,135
Household supplies	94,586	75,538
Materials, repairs and maintenance	584,912	454,993
Medical services and supplies	380,593	369,182
Miscellaneous	1,390	3,794
Postage and telephone	301,287	280,781
Printing, stationery and office supplies	222,946	243,091
Rent, insurance and property taxes	431,062	386,242
Staff development	63,466	61,581
Training	59,389	27,899
Transportation of patients	22,908	21,355
Travel and automobile	379,737	393,082
Utilities	257,136	233,834
	<hr/> \$ 4,057,960	<hr/> \$ 3,970,788

Disclosure Section

Public Sector Compensation Disclosure Act

For a detailed copy of the AFM disclosure information, please contact:

Addictions Foundation of Manitoba
1031 Portage Avenue,
Winnipeg, Manitoba. R3G 0R8
Phone: 944-6266

Public Interest Disclosure - Bill 34 (Whistleblower Protection) Act

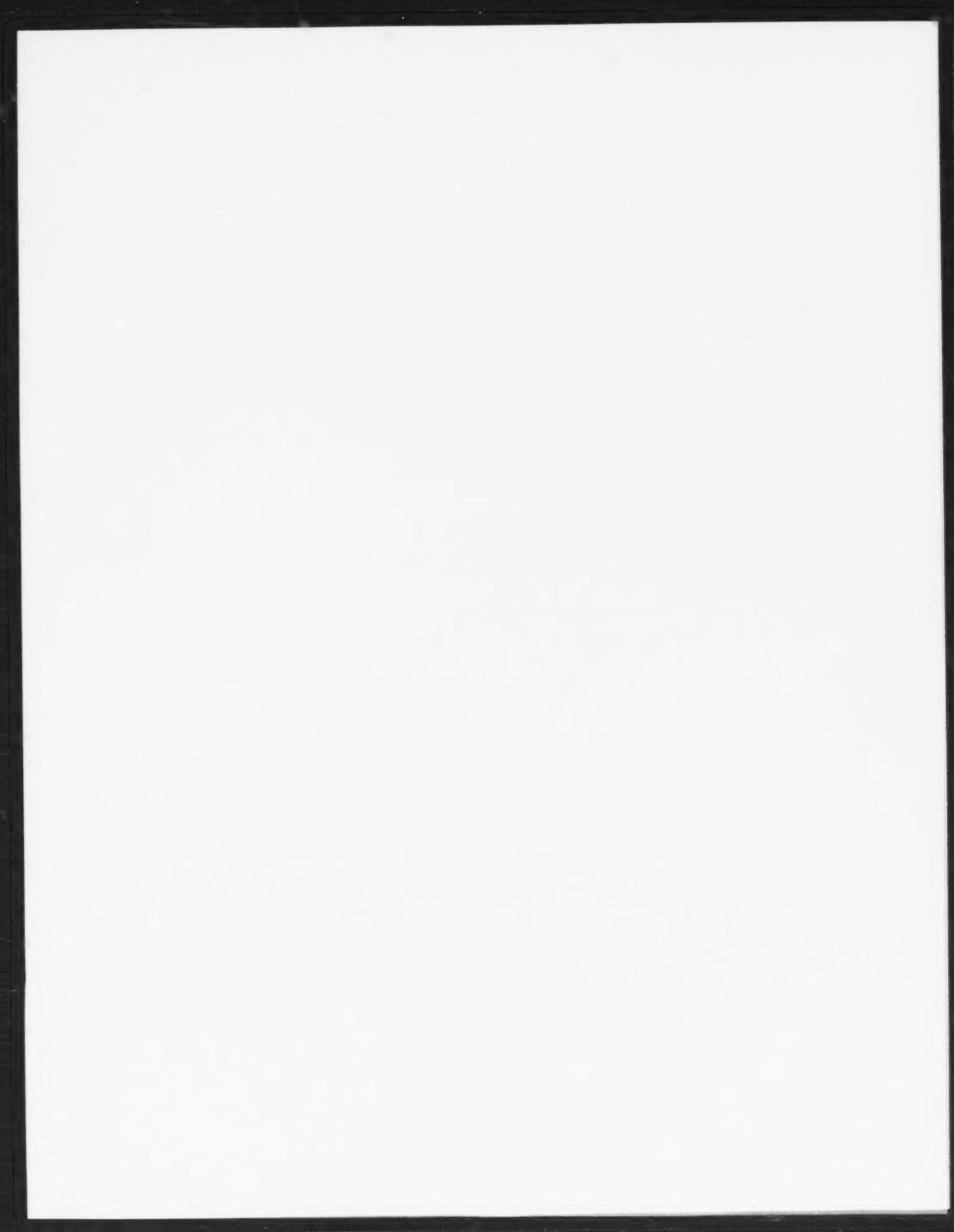
The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

The AFM is committed to a high standard of openness, integrity and accountability. The provisions of *The Public Interest Disclosure (Whistleblower Protection) Act* - Bill 34 encourage staff to disclose possible wrongdoings and ensure that the staff member will be protected from any reprisal in the process. Under this legislation staff may formally disclose a perceived wrongdoing to their supervisor, AFM's designated officer, or to the Ombudsman, for investigation and resolution.

Section 18 of the Act - Subsection 2

Information Detail (Per Section 18 of The Act)	Fiscal Year 2008-2009
2.a) The number of disclosure received in 2008/09	0
The number of disclosures acted/not acted on	0
2.b) The number of investigations as a result of a disclosure	0
2.c) Corrective action taken	0



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EDUCATION

Indiana University School of Library and Information Science
MLS, Library Science, 2009

courses : Reference, Cataloging, Collection Development, Education of Information Users, Academic Library Management, Technical Services, Organization and Representation of Information and Knowledge, Advanced Cataloging, Evaluation of Library Sources and Services, Introduction to Research, Information Architecture for the Web, History of the Book 1450-present

Cataloging topics: AACR2, MaRC, DDC, LCCN, Cutter numbers, Dublin Core, ContentDM, LCSH, NAF, RDA, books, serials, video recordings, sound recordings

Summer Institute of Linguistics at
University of North Dakota, Grand Forks, North Dakota
MA program, Linguistics
Saint Louis University, St. Louis, Missouri
MA, Mathematics, 1999

Taylor University, Upland, Indiana
BA, *Magna cum laude*, Alpha Chi honor society
Université Laval, Québec, Canada
Français pour non-francophones, niveau supérieur 2
College of DuPage, Glen Ellyn, Illinois
AA, High honors, Phi Theta Kappa honor society

LIBRARY EXPERIENCE

Summer 2008 Ruth Lilly Law Library, Indiana University, Indianapolis, Indiana
Summer Projects Assistant
Shifting items, weeding duplicates, updating catalog with changes

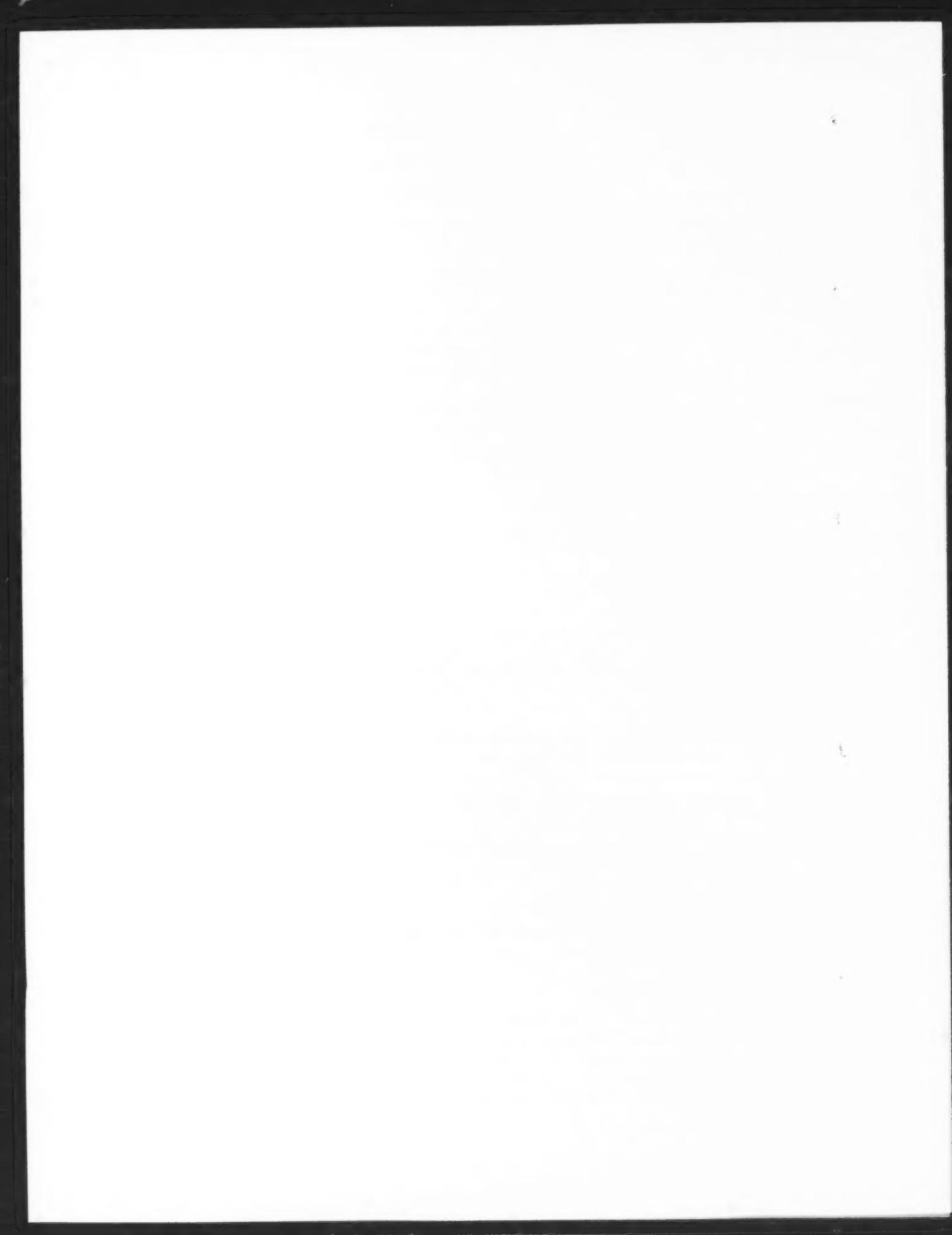
Summers '01-'05 Chester Fritz Library, University of North Dakota, Grand Forks, North Dakota
Access Services workstudy
Shelving materials and finding cataloging irregularities

ASSOCIATION MEMBERSHIPS

American Library Association, Association of Christian Librarians; subscriber to AutoCat listserv

TEACHING EXPERIENCE

Full time Northern Virginia Community College, Woodbridge, Virginia
Aug '00-May '07 Full-time Instructor, mathematics
Part time, mathematics Southwest Baptist U (Salem, MO), Ozarks Tech CC (Lebanon, MO), U of Indianapolis, Indiana U-Purdue U at Indianapolis, Ivy Tech CC (Indianapolis, IN), Benedictine U (Lisle, IL) Robert Morris C (Chicago/Naperville, IL), Saint Louis U (teaching assistantship)



WINNIPEG (Winnipeg Region Offices)

Regional Admin 944-6200 Email wpgreg@afm.mb.ca
 Toll Free 1-866-638-2561
 Family Services 944-6229 Email family@afm.mb.ca
 Impaired Driver's 944-6290 Email wpgidp@afm.mb.ca
 Women's Services 944-6229 Email wpgwomensintake@afm.mb.ca
 James Toal Centre 944-6200 Email jtc@afm.mb.ca
 Youth Services 944-6235 Email youth@afm.mb.ca
 Gambling Services 944-6368 Email wpggaming@afm.mb.ca
 Rehabilitation Services 944-6200 Email jtc@afm.mb.ca
 Drug Testing 944-6395 Email drugtesting@afm.mb.ca
 Methadone Intervention and Needle Exchange (m.i.n.e.)
 Ph: 944-7070 Email: mine@afm.mb.ca

BEAUSEJOUR

Ph: 268-6166

Locations Served: Beausejour, Lac du Bonnet, Pinawa, Pine Falls, Whitemouth and surrounding areas.

GIMLI

Ph: 642-5162

Locations Served: Arborg, Ashern, Eriksdale, Fisher Branch, Gimli, Riverton, Teulon, Winnipeg Beach and surrounding areas.

MORDEN

Ph: 822-1296 or 822-1297

Locations Served: Winkler, Morden, Carman, Manitou, Miami, Sanford and surrounding areas.

SELKIRK

Ph: 785-2354

Locations Served: Selkirk, St. Andrews, St. Clements, Stonewall and surrounding municipalities.

PORTAGE LA PRAIRIE

Ph: 857-8353

Locations Served: Elm Creek, Gladstone, Langruth, Long Plains, MacGregor, Portage la Prairie, Sandy Bay, Treherne, Westbourne and surrounding areas.

SOUTHPORT (Compass Youth Residential Program) Ph: 428-6600

Locations Served: Province of MB.

STEINBACH

Ph: 326-7724

Locations Served: Ste. Anne, La Broquerie, Niverville, St. Pierre-Jolys, St. Adolphe, Letellier, Morris, Vita, Dominion City, Emerson and Altona.

BRANDON (Western Region Office)

Regional Administration 729-3838
 Toll Free 1-866-767-3838 Email westreg@afm.mb.ca

DAUPHIN

Ph: 622-2021

Locations Served: Dauphin, Crane River, Fork River, Grandview, Roblin, Ochre River, Winnipegosis, Sifton, McCreary and surrounding areas.

KILLARNEY

Ph: 523-5070

Locations Served: Boissevain, Deloraine, Melita, Killarney, and surrounding areas.

NEEPAWA

Ph: 476-7200

Locations Served: Rivers, Carberry, Glenboro, Erickson, Minnedosa and surrounding areas.

ROSSBURN

Ph: 859-4000

Locations Served: Birtle, Hamiota, Rossburn, Russell, Shoal Lake and surrounding areas.

STE. ROSE DU LAC

Ph: 447-4040

Locations Served: Province of Manitoba.

SWAN RIVER

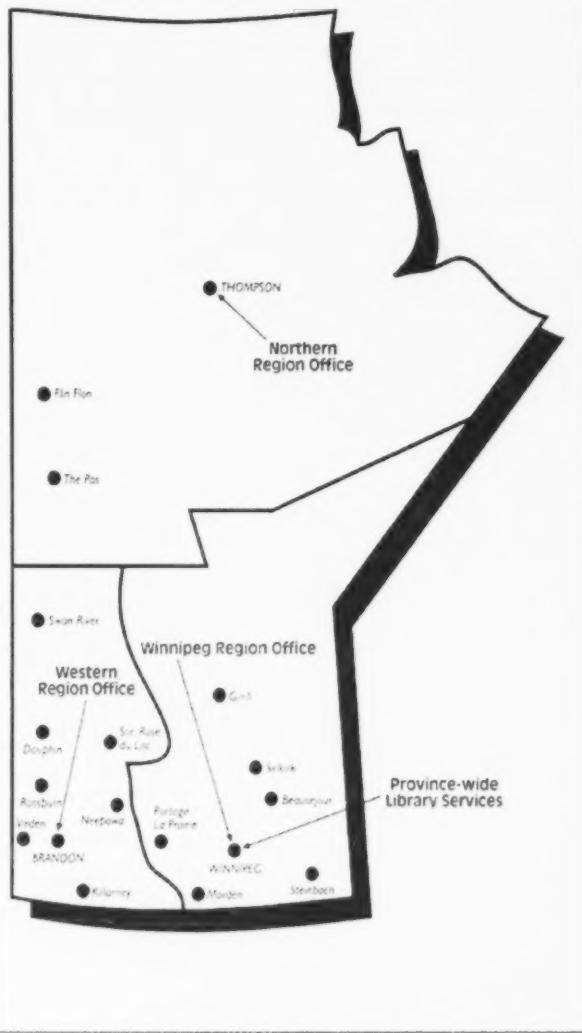
Ph: 734-2030

Locations Served: Swan River, Birch River, Cowan, Camperville, Lenswood, Mafeking, Minnitonas, Pelican Rapids, Pine Creek, Benito and surrounding areas.

VIRDEN

Ph: 748-4720

Locations Served: Virden, Hamiota, Rivers, Souris, Reston and surrounding areas.

Addictions Foundation of Manitoba Regional Offices**THOMPSON** (Northern Region Office)

Regional Administration 677-7300
 Toll Free 1-866-291-7774 Email: northreg@afm.mb.ca

Locations Served: Gillam, Lynn Lake, Leaf Rapids, Wabowden and surrounding areas.

FLIN FLON

Ph: 687-1771/1770

Locations Served: Cranberry Portage, Flin Flon, Sherridon, and surrounding areas.

THE PAS

Ph: 627-8140

Locations Served: Cormorant, Easterville, Grand Rapids, Moose Lake, Snow Lake, The Pas and surrounding areas.

**Addictions Foundation of Manitoba
Provincial Administration**

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